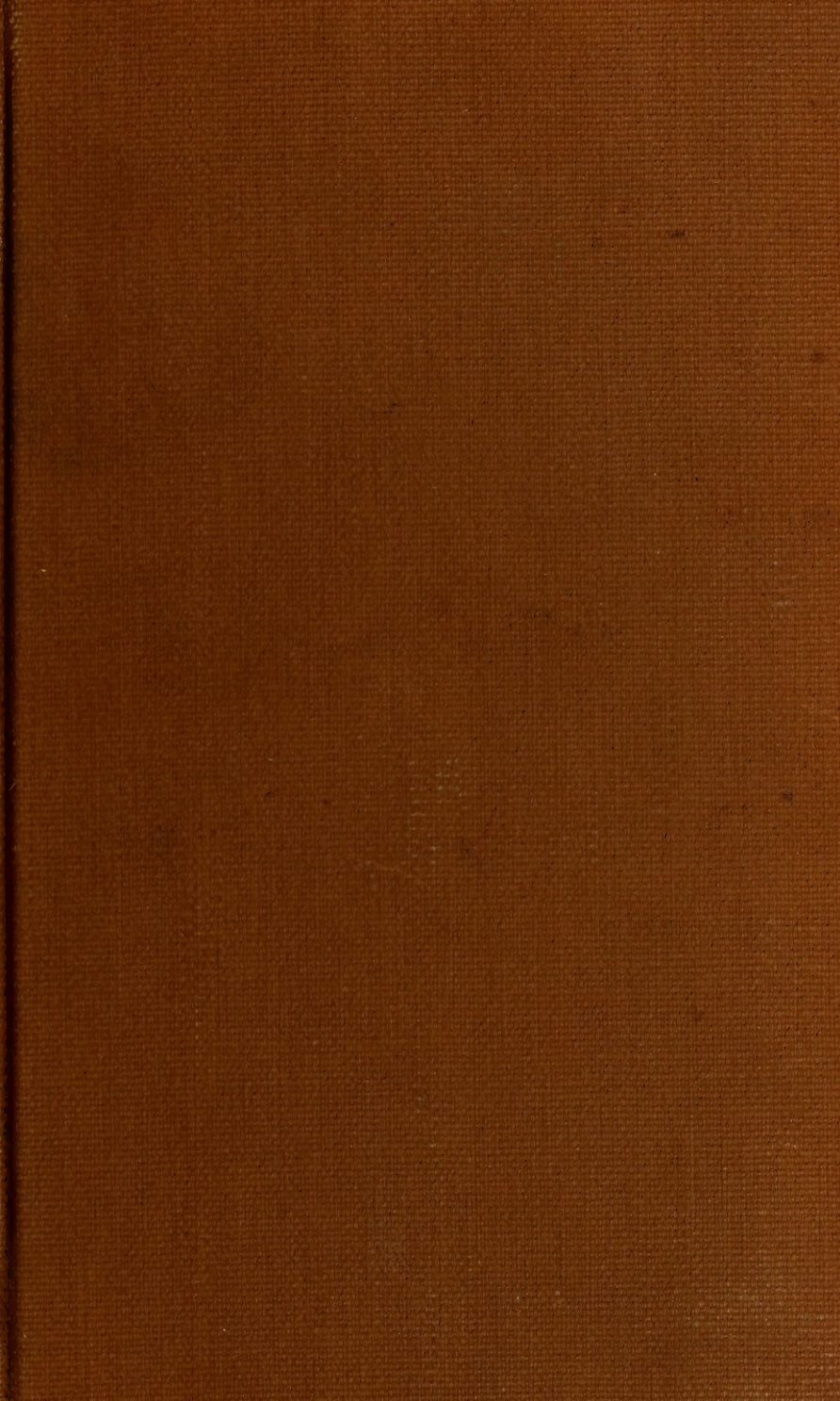




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CONSULTATIONS

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O F

Authors

SURGERY.

By *HENRY-FRANCIS LE DRAN*,

Master in Surgery, Senior Director of the Royal Academy of Surgery at *Paris*, Fellow of the Royal Society of *London*, formerly Principal Surgeon to the *Hotel de la Charité*, and Senior Consulting Surgeon to His Majesty's Armies.

Translated by

ALEXANDER REID,

ASSISTANT SURGEON to the ROYAL HOSPITAL
at *CHELSEA*.

L O N D O N :

Printed for ROBERT HORSFIELD in *Ludgate-Street*.

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DEDICATION

CÆSAR HAWKINS, Esq;

SERJEANT-SURGEON to His MAJESTY;

A N D

THOMAS GATAKER, Esq;

SURGEON Extraordinary to His MAJESTY,

And SURGEON to Her MAJESTY's HOUSHOLD.

GENTLEMEN,

TWO Motives have induced me to inscribe to you this Translation of the last Work, of one of the most eminent Surgeons *France* ever produced.

One of them cannot fail of public Approbation; for to whom could it be dedicated with greater Propriety, than to those who are in the same Degree of Estimation in *England*?

The other perhaps may not be so generally approved of, as I must candidly acknowledge it is not without an Allay of Self-Interest; since by thus offering you a public and lasting Testimony of my Sense of your past Patronage and Favour, I am not without Hopes that you will still continue them to,

GENTLEMEN,

Your most Obligated

and most Obedient Servant,

A. REID.

TRANSLATOR to the READER.

MR le Dran's Works have been so well received, and his Reputation as a Surgeon is so great, that there needs nothing to be said in his Favour. He has likewise in his Preface explained the Nature and Design of the following Work so clearly, that to recommend it would be superfluous. The only Thing necessary for me to say is, that if the Translation is not erroneous in any material Part, it will be a very valuable Addition to the rest of his Works that have already appeared in English; and my Motive for attempting it was it's being declined by a Gentleman whose Business would not permit him to spare the Time necessary for the Purpose. Could he have found Leisure, I am very sensible Mr le Dran would have had more Justice done to his Merits, than it has been in my Power to do. However I am in Hopes, that to those Gentlemen who do not understand French, this Translation will be acceptable, as it will supply them with a Fund of Knowledge and Experience to have Recourse

vi Translator to the Reader.

to upon any Emergency. The Cautions given to avoid Mistakes, the Methods of treating with Propriety a Number of uncommon Disorders, and of rectifying and relieving those Accidents that have happened in Consequence of an erroneous Practice; are of such excellent Use, that there is no Surgeon but perhaps at one Time or other may avail himself of these Fruits of so long Experience and extensive Practice. To conclude; if this meets with a favourable Reception from the Publick, and should attain to a future Edition, the Translator, by the Assistance of a Gentleman who was formerly a Pupil of Mr le Dran's, will be enabled to add some interesting Cases to those contained in this Volume, which at present is deferred for some particular Reasons.

P R E-

The AUTHOR'S PREFACE.

SEVERAL Authors, both ancient and modern, have given excellent Rules for the Treatment of Chirurgical Disorders: But after having described them according to their different Natures, they have only laid down general Rules for their Treatment, to which the Sagacity alone of the Surgeon may and ought to make Exceptions, or even Additions, as Circumstances may require. For Example, speaking of *Fistula's in Ano*, which are very common Disorders, they agree that it is necessary to divide the Rectum by an Operation, as far as where it has been penetrated or denuded by the Matter, and sometimes even to take away a Part of it along with the Callosities about it. Nevertheless Practice affords us many Instances of *Fistula's in Ano*, some of which want no Operation at all, and of others that are attended with Circumstances that require different Methods of operating. It is the same in

almost all the Diseases that require the Assistance of Surgery, and it is Practice only that instructs and discovers to us the different Species belonging to every kind of Distemper. From hence we may conclude, that the more Practice a Man has, the greater his Opportunities are of observing the Difference of Diseases, which to another at first Sight may seem to be the same, notwithstanding they vary in several Circumstances, and consequently require a Diversity of Treatment.

If Knowledge then can only be acquired by considerable Practice, it is certain it can scarcely be met with but in great Cities, where, proportionably to the Number of Inhabitants, there are more Diseases than in small Towns and Country Villages.

It is in Consequence of the different Circumstances I have just mentioned, that in great Cities, Consultations are frequently held in difficult Cases, where every Surgeon that is called in, giving his Opinion according to the best of his Knowledge, they collect from the whole what is most proper to be done for the Disorder they
are

are consulted upon. Surgeons in small Towns and Country Villages (which is a Misfortune to Mankind) are deprived of this Assistance. The latter in particular for the most Part being but in indifferent Circumstances, are not in a Condition to visit or reside long enough in great Cities to attain sufficient Knowledge for practising so important a Science, with the requisite Perfection. Nevertheless they are daily under the Necessity of deciding the Fate of Men, in Cases wherein even those of the greatest Practice would perhaps act with Timidity. Is it the Fault then of these Surgeons that they do not always succeed? No, it requires a Degree of Genius superior to that which Nature generally affords.

These Considerations induced his Majesty to establish the Royal Academy of Surgery, where every one might communicate his Observations in Practice; and the same Motives prevailed with this Academy to publish it's Memoirs, filled with Observations and Precepts capable of directing most Surgeons. Precepts, which are not the Work of a single Person, frequently liable
to

to Error; but the joint Work of the ablest Surgeons in Europe. It was with the same Intentions, that previous to it's Establishment, several Practitioners published Volumes of Observations, in which are described the Treatment of a great many Disorders, that without departing from general Rules, have required many particular Attentions.

It is with the same View I also publish these Consultations; besides I think it would be contrary to the Dictates of Humanity, to suffer what may be of Service to many Persons to be lost in Oblivion. The Questions are supposed to be asked by a Country Surgeon, who is desirous of having nothing to reproach himself with, in the Treatment of any Disorder under his Care. I have particularized as much as possible every Circumstance attending the Disorders related, together with their Treatment.

It were to be wished, that in all the Consultations we receive from the Country, the Account of the Disorder was as exactly described; as it is only from a perfect Knowledge

ledge

ledge of every Circumstance that accompanies a Disorder in it's Beginning and Progress, and shall hereafter happen, that we can be able to determine it's Cause and Nature, and in short every Thing which ought to be done for the Cure of it.

I have not confined myself to a Description of those uncommon Disorders, which may be seen only once in our Lives. I have selected those which are common enough, the Care of which has been entrusted to me many Times, or have passed under my Inspection at *Paris* and other Places, during a Practice of more than sixty Years. Consequently these Consultations may give Rise to new Idea's in young Surgeons, and throw some new Light on the Practice of Surgery.

If I have been scrupulously exact in describing trivial Things, in the Method of Treatment, I desire those great Masters of the Art, who are willing to employ any of their Time in reading my Book, not to be offended at it; not writing for them, whom I do not pretend to teach. But I thought it incumbent on me to do it for
the

xii P R E F A C E.

the Benefit of others, to whom it might afford Indications of Cure, in Cases similar to those I have related, which they might make a proper Use of; for there are few Chirurgical Disorders which have not some Resemblance to one or other of them. No contemptible Resource for a young Practitioner.

This Collection I made for the Service of my Pupils, and formed a History of Observations of all the Disorders herein specified. I related to them every Particular belonging to each Disorder, and enjoined each of them to return me an Answer in Writing separately. After which I rectified their Answers, explaining to them why it was necessary to act in such a Manner in treating them, preferably to any other.

By this Method, they were not only accustomed to remark every Circumstance which might accompany a Disorder, and to give a very circumstantial Description of them; but in order to answer them, they were obliged to consult Authors, collect their Opinions, reflect on them, and determine

mine in Consequence ; in short, to acquire a Habit of writing and arranging their Ideas in a proper Manner *. I did not think it would be of any Use to put the whole in Form of Observations, because it would make no Addition to them.

It is agreed that to make a good Surgeon, Theory should be united to Practice, and that if Theory is of no Use without Practice, Practice will also be very defective without Theory ; nevertheless it is principally by Practice that all young Surgeons begin.

Those who are desirous of attaining to Perfection, study at the same Time, following the great Masters of the Art for a long while, and making Reflections on all that they see and understand. But the greatest Part conceit themselves sufficiently able, after they have attended an Hospital for a few Months ; when indeed they are as yet scarcely capable of perceiving the Differences that occur between one Disorder or Wound, from another of the same kind.

The

* Every Pupil may act in the same Manner for his Instruction.

The Theory which they might acquire by Study, and serious Reflections, might illuminate the Understanding, (that Eye of *Polyphemus* in the Fable, which can distinguish so far off,) and by that Means perfect their Practice. On the contrary, too many being but very slightly instructed, having but a superficial Knowledge of Anatomy and the animal Oeconomy, which can only be obtained by frequently repeated Dissections of dead Bodies; Too many I say, disperse themselves all over the Provinces and Villages to practice and get a Livelihood by the little they know.

The little Theory acquired by very few of them, and the want of Practice, induced me to publish this Collection, where the Symptoms which accompany the most Part of Chirurgical Disorders are related with exactness.

If these Cases are new to them, certainly they have not had Opportunities to make the necessary Reflections for the well understanding of them, and treating them properly according to the best Rules of Art: I have therefore done it for them.

There

There can be no young Surgeon but what is desirous of curing his Patient, either from Humanity, Honour, or Interest; and who will not be glad to foresee and prevent all the Symptoms that may accompany the Disorder under his Care. He will be able to do this much better, if he can compare it with an exact Detail of a Disorder resembling it; and may find Expedients which would have escaped him from want of Practice. This is what has induced me to publish this Collection, and I hope it will be useful to such.

I have made for some of my Friends who are neither Physicians nor Surgeons, an Abridgment of Anatomy in general, adapted to the Use of studious Persons, who desire to be acquainted with that Science. Being persuaded that this Compendium may be useful for those Surgeons I have just mentioned, I imagine I shall do them an essential Service in publishing it after this Collection of Observations, knowing that many of them are not in a Situation to learn Anatomy, which can never be acquired without frequent Dissections.

The

The most eminent of the Faculty may perhaps remark some Omissions or Errors in my Practice. I am sensible of it, but it is not for those that I write, and besides that every Person does not think alike, the same End is often attained by different Ways. For the rest, this is the sixth and last Work that I have published, and I think I have now performed my Errand in this World.

C O N-

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The Emplast. e Cerussa, & Divinum, not being in the Pharmacopeia Londinensis, their Composition taken from *Le Mery*, is here inserted.

Emp. e Cerussa.

R. Ceruss. Venet. Ol. Rosar. ana ℥ 4. Aq. Fontan. ℥ ij. aut q. s. Coq. ad consistentiam Emp. deinde adde, Cer. Alb. ℥ viij. M. f. Emplast.

Emp. Divinum.

R. Litharg. Aur. preparat. ℥jss. Ol. Olivar. ℥ij. Aq. Fontan. ℥ij. Coque simul ad Emp. spissitud. deinde permisce Lapid. Magnet. preparat. ℥ss. Gum. Ammon. Galban. Opopan. Bdellii ana ℥ij. Myrrh. Oliban. Mastich. Virid. Æris Aristoloch. rotund ana ℥iss Cer. flav. ℥viij. Terebinth ℥iv. M. f. Emp. S. A.

ERRATA.

Page 7, l. 1, for *expels* read *expel*.

Ibid. l. 17, for *not* read *root*.

Page 21, l. 7, for *Muscels* read *Muscles*.

Page 33, l. 10, dele the Comma after *Linen*.

Page 51, l. 18, put a Comma after *Breadth*.

Page 53, l. 12, for *Clavicles* read *Clavicle*.

Page 91, l. 17, for *punctured* read *pricked*.

Page 110, l. 22, for *would* read *will*.

Page 113, l. 1, after *digest*, add *but*.

Page 131, l. 20, after *abundance of Matter*, read thus, *The whole Cellular Membrans connected to these Parts has been dissolved*.

Page 140, l. 14, dele the *s* in *Biceps*.

Page 204, l. 5, for *an Apple*, read *a large Apple*.

Page 234, l. 1, for *putrified*, read *petrified*.

Page 276, l. 20, for *grow*, read *go*.

Page 341, l. 13 for *make*, read *contraction*.

Page 385, l. 15, for *their*, read *its*.

Page 426, l. 19. for *above*, read *under*.

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An ABSCESS on an exostosed TIBIA.

A M A S O N, Forty Years of Age, has had the Tibia exostosed ever since he was Eight Years old, at which Time he received several Blows on it, and had a large Abscess with Caries, from which there came away several Scales or Exfoliations. He does not remember any thing that might occasion the Exostosis, at present extending the whole Length of the Tibia, which is twice it's natural Thickness. He has never felt any Pain from the Time he was cured, nor even observed that the Tibia grew larger.

B

Within

Within this Week, a slight Inflammation has appeared on the middle and anterior Part of this exostosed Tibia; the Patient has applied Cataplasms of Bread and Milk, and now has Recourse to you; upon examining of it, a Fluctuation is very evident. What are we to think of this Disease, in it's present State before the Tumor is opened? What should be done? The Patient has never had any Commerce with a Woman, therefore nothing can be suspected on that Account.

A N S W E R.

Although the Patient does not remember having received any new Blow, it is possible he may have given himself a slight one, and that might be sufficient to excite the Inflammation, which has terminated in an Abscess. It is also possible, that the Exostosis of the Tibia having become carious, has occasioned the Putrefaction and Dissolution of the Periosteum, especially as he felt so little Pain while the Matter was forming.

In

In the first Case, the Patient may be cured after the Abscess is opened ; but in the second he runs the Hazard of worse Consequences, because it is very difficult to procure the Exfoliation of an exostosed Bone, when carious in any Part, except it proceeds from a Venereal Cause.

To know the Nature of the Disease, the Abscess should be opened it's whole Length ; and, if the Bone is found with the Periosteum on it, the Tumor must be treated as a simple Abscess, which will easily heal, when opened skilfully. But if the Bone is found bare, an Exfoliation must be procured if possible. Of this there are but little Hopes, on Account of the Exostosis, and the Ulcer may become fistulous : however, the Patient should preserve his Leg as long as he can, for Amputation is the last Remedy to have Recourse to.

The SURGEON'S REPLY.

I followed your Advice, the Bone was covered, but the Periosteum was bare without

seeming to be altered. The Wound healed in less than a Month; I have advised the Patient always to wear a Tin Plate between two Stockings, to cover and defend the Tibia; for in it's present State, a Wound which might affect that Bone, would not easily be cured on Account of the Exostosis, and might render Amputation necessary.

An ABSCESS under the OS MAXILLARE.

A MAN who had the third of the Dentes Molares in the lower Jaw decayed, which gave him a great deal of Pain, had it drawn. On examining the extracted Tooth, a Piece of the Socket was found adhering to the Root. There ensued so considerable a Fluxion on all that Side of his Cheek and under his Jaw, accompanied with a Fever and violent Pains, that it became necessary to bleed the Patient five or six Times. This continued for five Days, and at length an Abscess formed under the Jaw, behind the Musculus Membranosus, which

which appeared but imperfectly outwards, on Account of the swelling of the Throat. In the sixth or seventh Night, the Patient perceived a small Discharge of very fetid Matter from the Socket on the inner Side of the Gum ; he spit out a Spoonful directly, and there has since discharged a small Quantity at different Times. Upon pressing on the Outside under the Jaw with the Finger, one may distinguish the Cavity where the Matter was formed, by that Place being softer than the rest, which continues swelled and hard ; upon inspecting the Mouth, the Socket appears still swelled ; and introducing a Probe into it, the Bone is felt bare. Your Advice is desired : Is there not Reason to fear, that the Os Maxillare will become carious ? And is it not proper to open the Cavity behind the Musculus Membranofus, to give a more free Discharge to the Matter ? In short, What should be done ?

A N S W E R.

It is probable that the Matter collected behind the Musculus Membranofus was formed in the Fat which furrounds the Vessels and maxillary Glands; for it is said it was not plainly discoverable on the Outside, before it made it's Appearance by the Socket. Besides, it came out between the Socket and the Gum. Probably it may be proposed to make an Incision in the Neck, at the Place where the Cavity is distinguishable on the Outside, to give a more free Discharge to the Matter, the rather as the Cavity is lower than the Passage made by the Matter; being apprehensive also, that it may form Sinusses in the Fat, and foul the Os Maxillare. But, from an Acquaintance with the Resources of Nature, we learn, that in these Cases, as well as many others, the Motion of the neighbouring Parts, and the elastic Property of the cellular Membrane which connects them, contract the whole Circumference of the Cavity towards the Place, through which the Matter is evacuated, and
expels

expels it as soon as it is collected. I therefore think the Incision unnecessary, and the more so, as there is not that Danger of a Caries as is apprehended.

The Use of the Cataplasms, therefore, must be continued, to soften the Indurations which are felt about the Cavity, where the Matter comes from, and that the Parts may recover their Elasticity. The swelling of the Cheek and the Neck will go off, in Proportion as the Matter is discharged; just as we observe the Inflammation about an Abscess does, when it is properly opened and the Matter let out.

The E V E N T.

The Method prescribed by the Consultation was followed, and the Patient cured in less than ten Days, without any Incision being made.

An ABSCESS under the Os MAXILLARE.

A VERY fat Man, thirty-five Years of Age, was attacked in the Night with so considerable a Fluxion on his Cheek, that in the Morning he could not open his Jaw; the Swelling in a short Time extended from his Eye to his Throat, yet the Patient felt very little Pain, only a kind of uneasy Sensation. Notwithstanding the Use of emollient and resolvent Cataplasms frequently renewed, all the Side of his Face grew considerably hard.

It has continued a Month much in the same State as at present, except that there seems to be a very deep Fluctuation under the Jaw, near the third and fourth of the Dentes Molares, and another as doubtful near the Angle of the Jaw.

How should this Disease have been treated at the beginning? and how ought this Abscess to be opened? Is it a proper Time to open it, the Patient having very little Fever? *Note*, He now feels, and has felt very little Pain.

ANSWER.

A N S W E R.

The Patient ought to have been bled once, or oftener, in the beginning of the Disease, on Account of it's Violence, and his full Habit; for probably that might have prevented the forming of Matter. It was right to make use of emollient Cataplasms; but nevertheless, I think that when the Matter began to form, maturative Cataplasms should have been used to assist Nature. The Matter which you think you feel fluctuate, is more likely the Consequence of a Putrefaction of the obstructed cellular Membrane, than of a Fermentation of the stagnated Fluids; as he has never had, and has now, but very little Pain.

However, this Matter should be discharged by a proper Operation, provided you are certain of it's Existence.

The Abscess, therefore, must be opened, and the Extent of the Cavity, containing the Matter, will determine the Direction and Extent of the Incision; for when you have made an opening large enough to admit

mit your Finger, you must introduce it into the Wound ; and feeling the Extent of the Cavity, you may conduct the Bistoury by it, either to lengthen the Incision, direct it's Course, or make a Counter-opening (if necessary) near the Angle of the Jaw. Besides, with the Finger you will be able to distinguish the Pulsation of an Artery, which otherwise might be cut ; and is what every Surgeon should be attentive to, before he makes a deep Incision, especially in the Neck, because a Hæmorrhage there is very difficult to be stopped.

The SURGEON'S ACCOUNT *of the* PROGRESS
of the DISEASE.

I opened the Abscess it's whole Extent, and likewise made a Counter-opening near the Angle of the Jaw, to prevent the Matter lodging in a Sinus, which I found there. The Wound went on well ; and the Counter-opening, which discharged a great deal of Matter, was closed in three Weeks. But the large Wound, the Edges of which are contracted and sunk in, without filling up
from

from the Bottom, threatens to become fistulous. In Proportion as the Wound has digested, all the Hardness has in a Manner dissolved, and the Jaw begins to open just enough to admit the End of the Little Finger. What is to be done to prevent it's becoming fistulous?

A N S W E R.

As the Jaw can be a little opened, the Teeth on that Side should be examined, by striking them one after another with a thick Probe. If the Stroke is more sensibly felt by one than another, that Tooth is certainly damaged, though it has never been painful, and consequently should be drawn.

The E V E N T.

The Patient, who is the Subject of this Consultation, being come to *Paris*, I found his Teeth in the Manner proposed, and caused a slight Sensation in the farthest Dens Molaris, next the Angle of the Jaw. I therefore had it drawn. The Tooth was
not

not carious, only changed in it's Colour, being yellower than the others. I concluded this was the Cause of the Disease, and so it proved ; for in about three Days the Motion of the Jaw became quite free, and, in about ten, the Orifice, which had remained fistulous, was closed up.

An ABSCESS under the JAW-BONE.

A YOUNG Lady was attacked with a Fluxion, which gave her very little Pain, reaching the whole Length of the lower Jaw-bone, and under it. The Inflammation insensibly increased, and in about ten or twelve Days an Abscess formed under the Jaw-bone. Pultices of Bread and Milk have been applied, and the Abscess having broke of itself, the Patient desires to know of you what farther should be done. The Surgeon of the Place, to whom she applied, has examined all her Teeth on that Side, and finds them very good and white ; and being informed by the Patient, likewise,

likewise, that she has never felt the least Pain from them, was satisfied with making the small Orifice that broke of itself a little larger, and dressed the Abscess in the most simple Manner. The Abscess does not heal, and the Bottom of the Cavity having now continued six Weeks just the same, without filling up, though the Orifice is grown narrower, you are consulted, and asked whether this Fistula should be left to Nature?

A N S W E R.

It is very seldom that these Abscesses are formed without some Tooth being concerned. The Surgeon was satisfied with inspecting, but that was not sufficient; they should be struck one after another with a large Probe, and, if any one of them feels a different Sensation from the others, that Tooth is certainly affected, and is the Cause of the Fluxion; consequently it should be drawn.

The SURGEON'S LETTER.

The Patient being unwilling to part with a good and handsome Tooth, which gave her no Pain, suffered a Month to elapse; in which Time the Orifice under the Jaw was more contracted, but not cured. At length, tired of wearing a great Patch, which she was obliged to change twice or thrice a Day, she had the Tooth drawn (it was the first of the Molares next the Dentes Canini), and there was found at the Root of it a white Excrecence, of the Size of a Hempseed. Four Days afterwards the Fistula was closed, with the Use only of the simple *Emplastrum de Cerussa*.

A FLUXION *on the* LOWER JAW.

A YOUNG Woman, who is very fat, has for some Time past had the third of the Dentes Molares of the lower Jaw decayed, without having given her any Pain.

Pain 'till now. Within these two Days the Cheek is swelled, and the Inflammation has extended under the Jaw, which is become very hard ; the Patient not being able to open her Mouth, her Teeth are closed together. This is accompanied with a Fever, and a great deal of Pain, without the Tooth appearing to be concerned ; and she desires your Advice.

A N S W E R.

Though the decayed Tooth gives her no Pain at present, it is certainly the Cause of the Fluxion, which probably will terminate in an Abscess about the Socket. Perhaps too, the Socket may be injured by the Tooth, the Caries being communicated from one to the other ; the Tooth giving no Pain, is owing probably to it's not being damaged, and the Nerve there being destroyed by the Putrefaction ; which Putrefaction, however slight, has occasioned the Fluxion, that will terminate in an Abscess.

The Tooth cannot be drawn, because the Jaw cannot be opened ; therefore you
must

must endeavour to abate the Inflammation if possible, or at least prevent it's Increase, by speedy repeated Bleedings in the Arm or Foot, according to the State of the Patient, and by emollient Cataplasms often renewed. I say nothing of the Diet, as the Patient cannot open her Mouth; but it will be proper for her to hold a Spoonful of warm Milk frequently in her Mouth, by way of bathing the Gum, which will supply the Place of a Cataplasma. If these Endeavours do not prevent the forming of an Abscess, they will at least hinder it's being so large, as it would be, if nothing was done to prevent it.

*Second CONSULTATION on the PROGRESS of
the DISEASE.*

The Abscess formed, and broke of itself, under the decayed Tooth; the Hole is large enough to admit the End of the little Finger, and there has discharged the Quantity of a Spoonful of Matter, which seems to proceed from some Distance, and the Teeth continue closed. What is to be done now?

ANSWER.

A N S W E R.

The Use of the Cataplasms must be continued, and the hardness will be softened so much the sooner, as there is a very free Discharge for the Matter. Besides this, it will be proper to cover the Orifice with *Emplastrum Divinum*, in order to retain some of the Matter in the Cavity, and prevent it from mixing with the Cataplasm; for the Matter having undergone it's last Degree of Fermentation, and keeping the Bottom of the Wound moist, is a kind of Pap or Pultice, which serves to increase the Suppuration. The Cataplasms must be applied over the Plaster.

The Jaw will open by Degrees, as the Hardness dissolves by the Suppuration, and when it can be opened, the Tooth, which is the Cause of the Abscess, should be drawn. Without this the Hole will never be closed, and the Jaw-bone, where the Complaint is, may likewise be injured.

In these Cases, there very seldom is a perceptible Exfoliation; and when the

C Tooth

Tooth is extracted, most commonly the fistulous Orifice closes in a few Days.

A FISTULOUS ABSCESS in the BELLY.

A WOMAN about thirty-five Years of Age had the Jaundice, and after the Cure, was attacked with Cholicks and Pains all over the Belly. Some Time after, when the Cholicks were cured by proper Remedies, an Abscess formed, about four Fingers Breadth on the right Side above the Navel, which broke of itself. A great Quantity of Matter discharged, and soon after the Orifice closed, leaving a considerable Hardness all round it. In a short Time the Abscess filled again and broke, after having occasioned violent Pains, which continued 'till the Matter was discharged. The Orifice closed again, and broke a third Time. A Probe being then introduced into the Sinus, the End of it, about four Fingers Breadth deep, met with a hard Body in the Middle of the Tumour, which seemed

seemed to be schirrhous. What is to be thought of this Disease, and what ought to be done ?

A N S W E R.

The Jaundice which preceded the other Symptoms, forms a strong Presumption that the Secretion and Excretion of the Bile has suffered an Alteration, either from some Disorder of the Gall-bladder, or of it's Ducts, which serve for the Passage of the Bile into the Duodenum ; or, perhaps, from a Disorder of the Liver. The Cholick which succeeded the Jaundice, probably was an hepatic Cholick ; and the Inflammation of the Gall-bladder extending all over the Belly, caused those Pains which always accompany it. The Tumour which in consequence appeared soon after in the Belly, gives Reason to believe, that the Inflammation of the Gall-bladder has caused an Adhesion of it to the Peritonæum, and having suppurated at the Place of it's Adhesion (as we see happen between the Pleura and the Lungs, which become adherent in

a Pleurify) the Opening in the Bladder has given Room for either a Stone, or some Part of the Bile to pass; which has insinuated itself amongst the Interstices of the Muscles of the lower Belly, beneath the Membrana Adiposa, to the Place where the Tumour is formed. This extraneous Substance has caused an Inflammation, which has terminated in an Abscess; and the hard Body felt with the End of the Probe is a biliary Stone, either discharged from the Gall-bladder, or formed by a Concretion of that Bile, continuing some Time in the Place where it is felt. The Sinus should be opened, as far as to the extraneous Substance, and then you may follow such other Measures as Circumstances require.

* * * In my Observations you will find a Disorder of the like Kind.

*Second CONSULTATION on the PROGRESS of
the DISEASE.*

Upon opening the Sinus I found a Stone as big as a Walnut, bituminous, and of the same Nature and Colour as those we find sometimes in the Gall-bladder. This Stone was situated upon the Muscels of the Abdomen, between them and the Membrana Adiposa; and there was a great Number of Callosities formed round it. Having extracted the Stone, I discovered a Sinus, which ran between the Sheath of the Musculi Recti and the Linea Alba, and passed transversely as far as to the left Side. I opened it the whole Length, and found another small Stone at the Bottom, of the same kind as the large one. How were these Stones formed, and how will this Disorder terminate?

A N S W E R.

Two Things occasion the Concretions which are formed in our Bodies: 1. The
C 3 Quality

Quality of the Fluids ; 2. Their Continuance in any Part, contrary to Nature. In the present Case, if the Gall-bladder, which, from it's Inflammation, adheres to the Peritonæum, that lines the Inside of the Muscles of the lower Belly ; I say, if this has burst (of which I have seen many Instances), and has let any of the Bile escape as far as the Membrana Adiposa, where it has stopped, it's Continuance there must have been the Occasion of it's petrifying ; and that so much the sooner, as this Fluid is greasy, sulphureous, and sometimes so thick, that even in the Gall-bladder itself, (which is it's proper Place) it concretes into the Substance of a Stone. Perhaps also the Stone may have come out of the Bladder very small, and grown bigger in the Tumour. It should be dressed as a simple Abscess, and if the Opening in the Gall-bladder closes, the Cure will follow in the same Manner as that of a simple Abscess, when properly dressed. If the Opening in the Gall-bladder, which has given a Passage to the Bile, does not close (which it seldom does), a small Quantity of Bile will discharge
from

from Time to Time, and in this Case the Ulcer may remain fistulous. Nature alone can close the Passage, Art avails nothing.

An ABSCESS near the Verge of the ANUS.

A MAN forty Years of Age, has had for a Year an Abscess near the Verge of the Anus, which broke of itself, and closed again in a Fortnight. Since that Time the Abscess has broke three or four Times, and as often closed. The Breaking has been always preceded by some Pains, and the Patient at present perceives them anew, and tired with suffering, is desirous of being cured radically. On examining it, a Fluctuation of thick Matter is felt under the Skin. What do you think of this Case? How can it be determined, before the opening of it, whether the Intestine is denuded or not? In short, what is to be done to obtain a perfect Cure?

A N S W E R.

It is very seldom that an Abscess which breaks of itself, if it is any thing large, can be cured without the Assistance of Surgery, because the Opening is so small, that the Matter discharges with Difficulty; and besides, proper Medicines cannot be applied to the Bottom of the Abscess. Those which form in the Fat near the Anus, if not sufficiently and skilfully opened, heal more rarely than others, because the Rectum is often found bare, from the Dissolution of the cellular Membrane which covers it, and hence follows a blind external Fistula. This is the Case of the Patient in Question: the Opening has closed several Times; but not healing from the Bottom of the Abscess, there oozes from thence continually a small Discharge, which being collected by little and little in the old Cavity, again bursts through the Cicatrice. This is what has happened several Times, and always because the first Abscess had denuded

nuded the Intestine, to a greater or lesser Extent. If the Intestine had not been denuded at first, perhaps the Abscess might have healed firmly of itself; but it certainly either was, or else has become denuded by the Continuance of the Matter every Time it was collected, before a fresh Opening of the Cicatrice. The Patient therefore has a compleat blind external Fistula, and cannot be cured without an Operation, suitable to the State of the Disease, by making the external Opening larger than the Bottom, dividing the Rectum as far as to the Place where it is denuded, and destroying or taking off the Callosities, if there are any, or at least procuring their Dissolution by a good Suppuration. Perhaps it may be necessary in the Operation to take away a Part of the Rectum and the Verge of the Anus.

This is what ought to have been done at first, when the Abscess was formed, if the Intestine was denuded at that Time; and we generally find it so in almost all the Abscesses formed near the Verge of the Anus, which

which are very seldom cured without the Operation.

* * * Read my Treatise of the Operations in Surgery, Chapter of the Fistula in Ano.

An ANCHYLOSIS of the KNEE.

A YOUTH fifteen Years of Age, has had a Disorder in his Knee, ever since he had a Fall eight Years ago. The Contusion and the Pain would not permit him, for some Time, to extend his Leg; and though the first Symptoms were removed, the Leg became more and more bent, till it formed a right Angle, without any Motion in the Articulation of the Knee.

Within these six Months, he has felt Pains which he looked upon as rheumatic; at length the Knee swelled, and the Teguments became œdematous. The Pain gradually increasing, there appeared a Redness on the external Part of the Knee, and a few

few Days after, a Fluctuation of a thick Matter was felt, four Fingers breadth below the Articulation. The Tumour broke and discharged some Matter. This occasioned the Surgeon to enlarge the Opening about an Inch. It is now four Months, that the Ulcer has been dressed with Injections, thrown up to a sufficient Height under the Skin. The Knee is very painful, the Thigh and Leg very much emaciated; the Patient has a slow Fever, with irregular Intermissions, and a Diarrhæa. The Probe has been introduced four Fingers breadth upwards, but we do not feel the Bone bare; only a Resistance of something like an Aponeurosis, or Tendon; and the touching of that gives him a great deal of Pain. There is a large Discharge through the Opening. What do you think of this Disorder? and how should it be treated?

A N S W E R.

It seldom happens that such an Anchylosis of the Knee, in consequence of a Fall, remains many Years without a Suppuration
in

in the Joint ; for the Cartilage between the Femur and the Tibia, most commonly suffers, and gradually wastes away. I have known this Cartilage sometimes entirely destroyed, and the Ends of the Bones carious. Of this there may be seen many Instances, in the second Volume of my Treatise of Observations.

In this Case, the Inflammation of the injured Parts, was the Cause of the Pain which the Patient took to be rheumatick. It began amongst the Aponeuroses, from whence it extended to the Teguments, and made them œdematous. At last it has terminated by some of these Parts putrifying, perhaps even the Capsula of the Joint, to a greater or less Degree ; and this Putrefaction has produced Matter of a very bad Kind, which was felt under the Finger, and at last burst through the Skin, to have a free issue. As this Tumour, now become an Abscess, was not a Phlegmon, but the Matter in it produced from the Putrefaction of some of the aponeurotic Parts ; it might be formed without a great deal of Pain.

The

The enlarging the Opening which broke of itself, was of no Use; and if it was extended still farther, it would be to no Purpose, the Disease being in the Middle of the Articulation; and for the same Reason the Injections are unnecessary.

In these sort of Cases the whole Limb wastes, because the Course of the Fluids is obstructed, and a Part of the Matter constantly returning into the Circulation, is a Kind of extraneous Body; from whence ensue the Fever and Diarrhæa, which always accompany these Diseases.

The only Method to be pursued, is to take off the Leg above the Knee; and this should be done before the Diarrhæa and Fever have entirely destroyed the Patient's Constitution. The Judgment I give is founded upon a great deal of Experience. I have seen in many Patients, after Amputation, a Caries of greater or less Extent, and always accompanied with either a partial or total Destruction of the Cartilage.

The EVENT.

Being sent for to this Patient, I performed the Amputation, and found the whole Joint carious. The Fever and Diarrhæa ceased in two Days, and the Patient was cured in six Weeks.

REFLECTION.

When the Disorder is entirely local, the Patients generally do well ; but where there is a scrophulous Habit, as I have often seen, you must endeavour to correct that Habit, after the Operation (supposing it to be absolutely necessary, and even pressing ;) otherwise the Patient will not be cured. A venereal Taint may occasion a similar Disorder, but for the most Part it arises from a scrophulous Habit ; and in this last Case we find the Bone enlarged at the Joint.

* * * Read my Treatise of Observations,
Vol II.

A BURN

A BURN on the ARM.

A WOMAN set Fire to her Ruffle, and burnt her Arm all round from the Elbow to the Wrist, but not the Hand. Ink was immediately applied, and the Arm wrapt up in brown Paper and Linen over it. The next Day, a Surgeon having gently removed the Linen and Paper, found a great many large Bladders of Water, some of which were burst, and the others still full. He perceived an Inflammation on the Wrist, also on the Arm, and above the Elbow. He snipped the Bladders, took off all the Cuticle that formed them, and afterwards dressed the whole with Cerate. The Patient suffering a great deal of Pain, desires to know whether any thing else can be done; and how the Sore should be dressed?

A N S W E R.

In these sorts of Burns we always find the Flame affects some Places more than others; the Heat having there penetrated
through

through the whole Substance of the Skin. I have even seen the Membrana Adiposa suffer almost as much as the Skin. It is only in the Course of the Dressings, that we discover the Depth of the Burn, which is too often looked upon as only superficial.

When there are any Bladders, they should be snipped, without removing the Cuticle; for at the next dressing, upon the removal of it, we often find another Cuticle already formed in some Places. In these Places the Skin has not suffered much, for in those that have, the Skin must suppurate, and perhaps may slough away, according as the Burn has penetrated more or less. I am not surprized at the Arm being inflamed above and below the Burn; it might have equally extended all round the Arm, and may probably increase, notwithstanding one or more Bleedings, which may be necessary; and it is possible that it will not abate, till the Suppuration comes on; which may also be very considerable.

The *Emplastrum de Cerussa*, and the *Ceratum Galeni*, mixed with an equal Part of the *Unguentum Nutritum*, in my Opinion is
what

what will be properest to dress with, taking Care to spread it thin upon the Cloth, and renew it Night and Morning, if it is only to remove the great Quantity of Matter which flows from the Wound. These Dressings must be assisted by Diet, and sufficient Bleedings, to abate the Inflammation; and if there should be Occasion, emollient Cataplasms must also be applied over the Linen, spread with the abovementioned Ointments. The Cicatrice of Burns differs from that of other Wounds or Ulcers; for, instead of beginning at the Corners or Sides, it often begins in the Middle, and in several other Places; because the Skin has not suffered every where alike, or has not been totally destroyed, as I before observed. However, when the Skin is every where equally damaged, the Cicatrice will begin only at the Sides, as in other Wounds.

It is not to be wondered at, that an Ulcer made by a Burn is so tender, particularly at first. The Skin, we know, is the principal Organ of Sensation, and the nervous Papillæ which compose it, are divested

of their Covering when the Cuticle is removed. It is upon this Account I have said, that on the first Day we should be satisfied with opening the Bladders, and emptying them, without removing the Cuticle that covers them. The great Sensibility will not cease, until a new Cuticle is formed, which is sometimes effected in two or three Days, in some Places; or at least until a sufficient Number of fleshy Granulations have grown up, to cover the Extremities of the nervous Papillæ, especially if the Substance of the damaged Skin has suppurated.

A BURN between the BUTTOCKS.

A MAN who had the Piles, and suffered a great deal of Pain from them, being desirous of Ease, placed himself on a Chair with a Hole in it, over the Steam of a Bason of hot Water; where he received this Vapour-bath for half an Hour. He was sometimes obliged to desist, because

cause it burnt him, but almost immediately **reseated** himself; for when the Parts became heated, he could bear the Steam much hotter than at first. At length he went to Bed, and the next Day felt a very severe Pain in the Scrotum and Perinæum, which appeared red, and looked like an Erysipelas. In about three Days, a Number of small Bladders appeared like Phlyctenæ, full of reddish coloured Serum; and on the two Buttocks, within an Inch of the Anus, particularly on the right Side, the Beginning of two Escars, of a very deep Red, and very little sensible of the Touch. He has a Fever and a Diarrhæa. What is the Nature of this Disorder? And how ought it to be treated.

A N S W E R.

I make no Doubt, but that the excessive Heat has produced a kind of Mortification on the Skin, and that a Suppuration of those Parts is coming on; which, though not perceptible at present, will discover itself in a few Days.

At present we must consider how to abate the Inflammation of the Parts, where the Mortification is not begun. For this Purpose he must have Recourse to Bleedings, and observe a strict Diet, with the Use of emollient and resolvent Cataplasms, frequently renewed, that they may not become dry. The Diarrhæa and Fever prove, almost to a Certainty, that there is Matter forming; and these Symptoms will not abate, but in Proportion as the Inflammation goes off, and the Matter has a free Discharge.

I look upon the abovementioned Bladders as gangrenous, and caused by the burning Heat; they must be snipped with the Scissars and dressed with Storax. The Escars on the Buttocks, which must be considered as a Gangrene begun, are owing to the too hot Steam penetrating deeper there than in other Places, and drying up the radical Moisture. These Places will come to Suppuration, and slough off in the same Manner as the Escars made by a Caustick. To make them separate more easily, they should be scarified to the Quick, and afterwards

afterwards dressed with a Digestive animated with Storax. If the Panniculus Adiposus and the Membrana Cellularis are also macerated in some Places by the great Heat, and stewed (as one may say) by the Vapour-bath, these Places will dissolve into Matter, and the Escars on the Buttocks, when they fall off, will give a free Discharge to it. If there is any Fluctuation perceived under the Escars, they must be divided immediately, to give the Matter vent.

The SURGEON'S ACCOUNT of the EVENT.

The Inflammation on the left Buttock of the Patient terminated by Resolution ; but at the same Time a Collection of Matter formed under the Escar on the right Buttock, and perhaps much farther, which probably was the Occasion of the Fever and Diarrhæa. This Matter at last made it's Appearance on one Side of the Scrotum. Having enlarged the Orifice that broke, I did not think it necessary to lengthen the Incision as far as the Bottom of the Abscess

whence the Matter came; because, when the Patient lay on his Back, the Matter discharged freely. For four Days there was a great Discharge; it then gradually decreased, and since has entirely ceased; upon which the Redness that extended on the Scrotum and Skin, as far as the Matter came from, disappeared. The Fever and Diarrhæa went off as soon as the Matter had a free Discharge.

ACARIOUS THIGH-BONE.

A MAN thirty Years of Age, to all Appearance in Health, as was his Wife, within these two Years observed a Swelling on the posterior and lower Parts of the Thigh; which, since it's first Appearance, has often gone away almost, and returned again. The Swelling was pretty broad and long, somewhat elevated, very little painful, without any Discolouring of the Skin, and seemed to affect all the Muscles which form the lower and back Part
of

of the Thigh. This Swelling again made it's Appearance within these few Weeks, and at last terminated in a sensible Fluctuation, rather more on the Inside of the Thigh than the Outside. It formed without Pain, and consequently the Tumour has not the Signs of a Phlegmon.

I made an Opening four or five Inches in length, where the Matter was most perceptible; and the Discharge was serous, and of a bad Smell. Upon introducing the Finger to the Bottom of the Cavity where the Matter lodged, I felt the posterior Part of the Femur bare, unequal, and carious, and the Teguments on the Inside of the Thigh very thin; but the aponeurotic Expansion of the Fascia lata was intire, as well as some Part of the Membranes. On questioning the Patient of the Manner of Life he had led, he replied, that he had only had a few Claps, which were cured above ten Years ago. What do you think of this Abscess?

A N S W E R.

The alternate Appearances and Disappearances of the Tumour, it's Indolence, the few Symptoms attending the forming of the Matter, and the Caries of the Femur, give Reason to think that this is a venereal Abscess.

The Tumour being properly opened, the Ulcer should be dressed according to it's different State, and the Manner in which it goes on. The Event only can confirm or disprove, whether the Suspicion of it's being venereal is well or ill founded; those Circumstances therefore must regulate your future Proceedings.

*The SURGEON's ACCOUNT of the EVENT of
the DISEASE.*

In about sixteen Days after the opening, an Exostosis appeared on all the interior Part of the Femur, which in a few Days considerably increased; being no longer doubtful of the Cause, I treated the Patient accordingly.

accordingly. Having prepared him by the usual Method, and also by warm bathing, notwithstanding the Wound in the Thigh, I made use of mercurial Frictions; by the fourth Friction the Exostosis began to diminish, and by the tenth was entirely gone.

Notwithstanding it's Disappearance, however, I continued the Frictions, at longer Intervals, for six Weeks; being convinced that when the venereal Virus is seated in the Bones, it is much more difficult to subdue, than when it affects the Flesh. During this Treatment, the Femur imperceptibly exfoliated, and the Wound was cured in seven Weeks, reckoning from the first opening of the Tumour,

REFLECTION.

How many Disorders do we see, which are not suspected to arise from a venereal Virus, that nevertheless have no other Cause. This Tumour on the Thigh was of that kind; the Disappearance of the Exostosis, and the imperceptible Exfoliation
of

of the Bone, after the mercurial Frictions, are a Proof of it.

Thus do we often meet with Cases where this Virus has remained concealed many Years, without discovering itself by any Sign; and how many Disorders, which appear simple, fail of being cured, because they are complicated with this Virus, which has not discovered itself by any of it's characteristic Signs.

A CARRIES of the PARIETAL BONE.

ABOUT two Months ago, a Woman received a Blow by a Stick, which gave her a Wound on the lower Part of the right parietal Bone. She dressed it after her own Manner, and consults you now because it is not cured. There is a Space as broad as the Palm of the Hand, where the Skin is red, swelled, and also œdematous. In the Middle of this Space there is a Hole you may turn your Finger in; and, on introducing the Probe, which may be passed under

der all the diseased Part, the Bone is felt bare and unequal. *Note*, This Woman at first had great Pains in her Head, which lasted for three Weeks, but are since gone off. She has not been bled, nor observed any Regimen; appears to be in Health, and consults you, only because she is not cured. What is to be done?

A N S W E R.

The Blow which gave the Wound has, without Doubt, lacerated, and at the same Time contused the Aponeurosis of the frontal Muscle and the Pericranium; perhaps also separated the latter from the Bone. The Consequence has been an Inflammation, which has terminated in a Suppuration of the Parts. This has occasioned the Bone to become carious, which may also probably have been contused. It therefore is not to be wondered at, if great Pains in the Head succeeded such a Wound. All the Skin which covers the Caries is diseased, and besides, by it's Continuance there, prevents the Application of proper Remedies

Remedies to hasten the Exfoliation. This should be cut off where it is separated from the Bone, and afterwards the Bone should be touched with either the *Lapis Infernalis* or the mercurial Water, to forward the Exfoliation, the Time of which is uncertain. This Application should be repeated for several Days together, and the Exfoliation being made, will be known by the Piece of separated Bone becoming movable on the Granulations of Flesh which grow over the sound Bone, and, when the Exfoliation is compleated, the Wound will soon heal.

The SURGEON's ACCOUNT of the CURE.

I followed the Method you directed, and the Exfoliation was compleated in less than a Month. I then observed, that in the Middle of the exfoliated Bone, which was round, about an Inch and half broad, and almost every where thin ; I observed, I say, that in the Middle of it, a Place about the Bigness of my Nail, was as thick as the two Tables of the Skull. I could then see
the

the Motion of the Dura Mater, or rather of the Flesh grown over it, to separate the Piece of the inner Table, which had probably suffered. It is surprizing that, as this inner Table was diseased, there was no Extravasation of Blood or Matter between it and the Dura Mater ; which must certainly be owing to it's not being contused : But the Contusion having reached as far as the Diploe, obstructed the Course of Circulation between them, and was the Occasion of the Injury done to the inner Table, by depriving it of it's Nutriture. After the Exfoliation of the Bone, the Wound was soon cured.

A GONORRHOEA.

A MAN had an Affair with a Woman of a suspicious Character, and three Weeks after a Gonorrhœa appeared, accompanied with great Heat, especially when he made Water. He has slight Pains in his Testicles, but there is no Swelling,
and

and they seem both to be in their natural State. What are we to think of his Condition?

A N S W E R.

What became of this Virus for three Weeks before it shewed itself by the Running? Though not apparent, it certainly was in some Part of the Body, and the Gonorrhœa, most probably, is only a Symptom of the Pox, the usual Signs of which are suspended by the Running; for even a very slight Discharge, either constant or periodical, is often sufficient to prevent the venereal Virus appearing elsewhere. I am of Opinion, therefore, that a prudent Use of mercurial Frictions is the best Method of treating the Patient, without which he will not be cured; or if the Gonorrhœa should seem to be cured, some Time after other Symptoms of the Pox will appear.

But although, from it's Manner of Appearance, one may be almost certain that this Gonorrhœa is only a Symptom of the Pox, yet for some Time it will be sufficient
to

to treat it as a simple Gonorrhœa; and, if it does not yield to the usual Remedies and a proper Regimen, it will be a Proof that the Patient has the Pox; if contrary to Expectation it is cured, it is a happy Event; but you may be assured, if it is only symptomatic, the Pox will shew itself one Time or other. I have known it lay concealed for near ten Years, the Patient having never had but one Clap, which was then cured. The Patient assured me, that since that Time he had been more prudent.

See the CONSULTATION on the CARIES
of the FEMUR.

*A CICATRICE which prevents the Use of the
FINGERS.*

A CHILD eight Years of Age, in his Infancy had his Hand burnt; his Nurse dressed and cured it, but the four Fingers remain bent, and as it were fastened to the Hand by the Cicatrice, in
such

such Manner that he has very little Use of his Hand, the Thumb only being at Liberty. The Skin is a good deal contracted, but the little Finger not quite so much as the others. Is it not possible to divide the Cicatrice that prevents the moving of the Fingers, by proper Incisions, and by that Means facilitate their Extension ?

A N S W E R.

The Cicatrice of the Skin might be divided, and perhaps with some Advantage, if the Fingers were kept extended by a proper Bandage, 'till a new one was formed, and also for a Month after. But this Operation is not practicable now, as well on Account of the Child's Age, who cannot have Patience enough to undergo an Operation, which will take up some Time, as because the Skin most certainly now is connected to the Muscles and Tendons in the Palm of the Hand. Besides, as it has continued in this State several Years, the Operation will not only be dangerous, but also useless, as, during this Time, the Fibres
of

of the Flexor Muscles have been contracting, and that Contraction is now fixed.

For this Reason, the Fingers cannot be extended but by too forcible Means, which would be prejudicial to the Flexor Tendons, and yet not be effectual ; so that at last they must be divided, the Consequence of which would be, they could not be bent, and would in that Case become useless upon many Occasions, when their necessary Service is wanted. I am therefore of Opinion, that the Hand should be left as it is, the Operation being impracticable, and also dangerous.

A PUNCTURE in the HAND.

A L A D Y, rubbing Pomatum in her Hands to put upon her Hair, felt herself pricked by something, which ran into her Hand very near the Middle of the Musculus interosseus, between the two metacarpal Bones which support the little and ring Fingers. She wiped her Hand directly,

ly, washed it, and perceived a Puncture from whence issued a Drop of Blood. On pressing upon it, she felt something prick her still deeper. She imagined it might probably be a small Bit of Glass, knowing that the Perfumers, who bring Pomatum from *Provence* in Glass Pots, have some of them broke sometimes; and, in putting the Pomatum into other Pots, a Bit of Glass might have escaped their Search and remained behind.

A Surgeon has opened the Cuticle and the Skin with the Point of a Bistoury, to discover this extraneous Substance, but could not find it, otherwise he would have pulled it out. Afterwards he put on a Plaister, in Hopes that the Suppuration would loosen the extraneous Substance, and it would come away. But a slight Swelling ensued, and gives Reason to apprehend bad Consequences may follow, from the Puncture of some material Part, because the Lady always feels this extraneous Substance, and has a kind of Numbness in her Hand. Can any thing else be done to facilitate the

the

the Extraction of this Substance, which cannot be discovered, but lies hid and as it were fixed, or set in the Place where it lodges? Supposing it to be Glass, it is very material to extract it whole.

A N S W E R.

The Figure of this extraneous Body, it's Length and Substance, if it is Glass, may have wounded very interesting Parts; it should therefore be extracted without Delay: But the Incision by which we could discover, disengage, and extract it, might be very painful, and occasion other Accidents. It will be easier and less dangerous therefore, to lay a small Piece of Caustick upon the Hole where the extraneous Substance entered. In four Hours this will make an Escar about a Quarter of an Inch in Breadth and Deep enough; for when the Skin is opened, the Caustick will insinuate itself into the Wound as it dissolves, and when the Escar is formed, it may be divided without Pain or Danger; you may likewise

feel with your Finger in the divided Escar for that End of the Extraneous Substance next the Skin ; if you can touch it either with the Finger or a Probe, as I make no Doubt you can, it will be easily extracted. You must then endeavour to make the Escar fall off, and cure the Wound with simple Dressings.

The EVENT.

The extraneous Substance was a small Shiver of Glass about a Quarter of an Inch long, and near as broad. It was found inclosed in the Escar, about a Third of an Inch Deep, and was extracted easily. The small Opening healed in a few Days without any Accident.

A fractured

A fractured RIB.

A YOUNG Woman, twenty-five Years of Age, pretty fat, received a Kick from a Horse on her left Side, near upon the Middle of the sixth Rib; she fainted and was carried to Bed. Being recovered from her Swoon, she was seized with a violent Cough and Oppression at her Breast, and spit up pure Blood. A Surgeon who was sent for bled her immediately; a Fever arose, and in less than two Hours there came on an Emphysema, which extended from the Clavicles to the Groin. On the Place that was struck, there was nothing to be seen but a black Mark of small Extent, and a very slight Contusion without a Wound. What is the Nature of this Disease? What has occasioned the Cough and Spitting of Blood? How comes she to have an Emphysema, there being no Wound? And what is to be done to remove all these Symptoms?

A N S W E R.

The contused Part marked with the black Spot, being but of small Extent, has certainly been struck by only the Edge of the Horse-shoe, and the Rib is fractured. When we want to straiten a Hoop, it breaks, but it does not break smooth, and there is generally a Splinter, with the Point elevated, left on the Inside. This is pretty often the Case with the Ribs, on Account of their Brittleness and Form; therefore a Splinter of the Rib has very probably pierced the Pleura, and the external Membrane of the Lungs, whether it adheres or not to the Side that was struck. From this alone the Oppression of the Breast, the Cough, the Spitting of Blood, the Emphysema, and the Fever, may be deduced. Consequently there must be an Irritation and a Cough, proportionable to the Wound of the Lungs; for the Blood which issues from the Vessels in this internal Wound cannot remain in the Bronchiæ, and must issue out by the Force of the Cough, raising it gradually up to the

the Larynx. The Air which enters at every Inspiration, being expelled by Expiration, the greatest Part goes out through the Larynx; but some of it coming from the Wound of the Lungs, passes through the Pleura and intercostal Muscles, where they are wounded, and afterwards dispersing itself amongst the Vesiculæ of the cellular Membrane of the Muscles and Fat, necessarily must cause an Emphysema, which is augmenting, and will continue to do so unless it's Progress is stopped.

There are three curative Indications to be accomplished; the first is to stop the Progress of the Emphysema, as it will certainly disperse as soon as the Passage is closed, which furnishes the Air through the Wound of the Lungs and the intercostal Muscles; the second is to elevate the Middle of the Rib that is depressed as much as possible; the third is to abate the other Symptoms.

The Fracture of the Rib being the Cause, it seems necessary we should consider how to reduce that, by making a Compression on the two Extremities of the Ribs, where

they are articulated to the Sternum and Vertebrae; but this is prevented by the Emphysema, and will be still less practicable as that increases. We must therefore begin by stopping the Passage of the Air. To do this, beat up the White of an Egg with a little Water strongly impregnated with Salt; dip a square Compress, three Inches long and two broad, in this Mixture, and squeeze it out well, that it may dry and harden the sooner. This must be placed on the black Spot which covers the Fracture of the Rib, and secured by three or four Turns of a Roller as broad as the Compress; there is no Danger of binding it too tight, because the Air, being expelled by the Compression into the neighbouring Vesiculæ, will soon make it loose. It is very material to place the Turns of the Roller so as not to compress the Breast. In four and twenty Hours you must make several Plaits in the Roller, before and behind, in Proportion as the Turns of it become too loose, by the Diminution of the Emphysema; managing it in such Manner that the Pressure made by the Compress may

may be always the same. There is no fear of depressing the Middle of the Rib too much, because the two next Ribs will not permit it, on Account of the Breadth of the Compress, which must necessarily bear upon them, as soon as the Emphysema, which covers them, is dispersed by the Compression. By these Means there is great Reason to believe that the Emphysema will be entirely dissipated in four and twenty Hours, as I have seen happen in the like Case. As soon as that is dispersed, we must think of raising up the Middle of the Rib ; but this cannot be done by Extension and Reduction, as in Fractures of the Limbs ; in this Case we must place upon each End of the Rib, and principally before, a Compress two Inches thick, and three in Breadth and Length, according to the Direction of the Ribs. This must be secured by several Turns of a Roller, which must be fastened together, and to the Compress, by several Stitches with a Needle and Thread, lest the whole should be displaced. These two Compresses, pressing upon the Extremities of the Rib, which is broke in the Middle, will

will by Degrees elevate the Middle of the Rib, in the same Manner as the Middle of a half Hoop, when bent in, is raised up, by bringing the two Ends near one another.

To prevent a Return of the Emphysema, it will be necessary, before you put on the Bandage, to place upon the Fracture a Compress of the same Size and Form as that placed before, but not above half as thick. Bleedings in the Arm and Foot, according to the State of the Patient, must not be spared ; the Diet must be strict : and these two Circumstances, proportioned to the increase or decrease of the Symptoms, are all that can be prescribed here to accomplish the third Indication. Nature alone, by Degrees, will insensibly cure the Wound of the Lungs, when the Point of the Rib no longer pricks them, and likewise the Wound of the intercostal Muscles. The Rib will be about a Month uniting ; for Fractures of the Ribs, as well as those of other spongy Bones, re-unite sooner than those Bones which are not spongy ; and these sooner than those that are very hard.

In

In a few Days you may leave off the square Compress which is placed on the Fracture.

The Roller, which must not be left off, does not permit the Use of Embrocations on the Contusion, as is customary in all other Contusions; but the Resolution will be made equally, though more slowly.

A BLOW on the BREAST.

ABOUT four and twenty Hours ago, a Lady, thirty Years of Age, very regular, received a Blow from a Person's Elbow, upon her Breast, as she was dancing, which was so violent as to make her swoon. The Pain continues, though less acute, and there is a slight Ecchymosis, extending three or four Fingers Breadth, about the Nipple, where the Blow was given. It happened at the Time of her Menstrues, and they are stopped. She desires to know what should be done?

ANSWER.

A N S W E R.

The Blow having been so violent, possibly one or more of the Glands of the Breast may have suffered, which may not be observable at first; the obstructed Menfes may likewise be thrown back on the Breast: therefore there are two curative Indications to fulfil. The first is to renew the menstrual Discharge, or supply it's Deficiency by one or more Bleedings in the Foot. The second is to procure the Resolution of the Ecchymosis as soon as possible; and alleviate the Pain as well as the Inflammation, by emollient and resolvent Cataplasms, frequently renewed, till the Pain has entirely ceased. It is not impossible but some Gland, which has been hurt by the Blow, may remain obstructed and without Pain, and without being sensible of any, when touched; nay, even if any Gland should swell, it may not be observed till it has increased beyond it's natural Size, and then proper Remedies must be applied.

Second

*Second CONSULTATION on the PROGRESS of
the DISEASE.*

The Success of the Remedies the Lady used for the Blow on her Breast, which she received a Year ago, gave Reason to believe that she was perfectly cured; for the Pain ceased in less than a Week, and the Echinymosis disappeared. After bleeding in the Foot her Menfes resumed their regularity, but every Month her Breast swelled, which often happens to many other Women, though never to her, before she received the Blow.

The Lady is now fearful that she is not cured; for about four Months ago she felt a small Gland in that Part of her Breast where she received the Blow. She has frequently felt it since, and this Gland, which gradually increases, appears now to be as large as a Cherry; it may be easily distinguished, situated more than an Inch deep, at the Side of the Nipple.

There is likewise an uncommon Thickness in the Fat that surrounds the Gland;
for

for all that Side of the Breast, which formerly appeared less than the other, appears now to be larger. There is no perceptible Swelling nor Thickness in the Glands and Fat under the Axilla, nor in those under the Extremity of the Pectoral Muscle; but the Patient has already felt, at different Times, returns of a slight darting in the Gland, like the Prick of a Needle. It is again demanded what must be done to prevent a Cancer?

A N S W E R.

Several Remedies might be proposed, such as Bleedings in the Foot, the Use of absorbent Powders, Baths, Dissolvents, and others, which sometimes have been known to succeed; but the Gland having become painful, I believe they will be of no Service. A Milk Diet may likewise be tried for some Months, as the Pains are but slight hitherto; and I have known it succeed with some Patients in the Case above-mentioned, but not with all. She must avoid putting to her Breasts all Pultices or
 Plaisters

Plaisters capable of heating or fermenting the obstructed Fluids in the Gland, and be satisfied with covering the Breast with a Swan's-skin, sufficient to procure, by the Warmth it produces, a Resolution of the obstructed Fluids. If, notwithstanding this, and an exact Observation of the Regimen prescribed, the Pains increase more and more, as well as the Size of the Tumour, there is but one Method to take, and that is to extirpate it. In this Case, if you should be satisfied with extirpating only the diseased Gland and the neighbouring Fat, there might remain, in what you have left behind, some small Gland, not easy to be felt on Account of it's Smallness, which may afterwards grow bigger. You must therefore take off the whole Breast, and then you may promise a radical Cure. I mention nothing of the Preparation, which should precede the Operation, nor the Manner of performing it.

* * * Read my Treatise of Operations ;
 Chapter on Cancers.

Third

*Third CONSULTATION on the PROGRESS of
the DISEASE.*

The Lady you was consulted upon eight Months ago, or thereabouts, dreading the Operation, put herself into the Hands of an Empirick, under whom the Disorder increased. The Glands are perceptibly enlarged, and also the Breast, which is twice it's natural Size, and covered with blue Veins; the Pains and Shootings are more frequent, and under the Armpit, on that Side, two or three small moveable Glands, and one as big as a Cherry, are perceived, but they are not painful. What are we to think of the Patient's Situation? Can any thing more be done, besides what has been done already?

A N S W E R.

The Tumour of the Breast, which was simple in the Beginning, is now become a Cancer, which must be called occult, because it is not yet broke. The most efficacious

cacious Remedies given inwardly, or applied outwardly, on the Tumour, are incapable of curing it. There remains nothing, therefore, to be tried but taking off the Breast. I say tried, because the Glands which are swelled under the Armpit, being the Emunctories of the lymphatick Vessels, that carry back the Lymph from the Breast to the Body, there is great Reason to fear some Portion of the vitiated Lymph in the Tumour has returned into the Course of the Circulation, and corrupted all the rest; which may in Time produce Cancers, either in the other Breast or some other Place, as I have frequently seen. I gave the Academy of Surgery an Account of the opening of a Woman who died after the Cure of a Cancer in her Breast, which I had taken off contrary to my own Opinion, because I looked upon the Operation as useless; another Cancer had risen between two of the Ribs, which had it's Basis on the Pericardium. She had besides two more cancerous Tumours, one on the right Kidney and the other in the left Groin. If the Glands in

the Armpit cannot be extirpated along with the Cancer of the Breast, they may become cancerous themselves, as I have seen.

If the Patient determines on the Operation, none of the Breast must be left, nor the Fat under the End of the pectoral Muscle, nor the Glands in the Armpit. The Extirpation of them without any Danger of opening the axillary Artery, or any large Branch of it, has often been successfully performed by tying a Ligature round them, after having taken hold of them with a Hook.

The Patient must afterwards be put into a Regimen, capable of correcting the vitiated Lymph, which may have entered into the Blood. Amongst the various Regimens which may be proposed, I should prefer a Milk Diet, if it agrees with the Patient's Stomach. To this must be added, as Circumstances require, Bleedings in the Foot or Arm, some Purges and absorbent Powders, &c.

My proposing the Operation, notwithstanding such well grounded Fears of the Return of the Disease, is, because it is the
only

only Remedy capable of prolonging the Patient's Life, and perhaps may cure her.

It will not be improper to make a Fontanel in each Arm, when the Discharge from the Wound lessens; for the constant Discharge from them, may possibly carry off the cancerous Humour that may be mixed with the Fluids. Good Effects have been known from them in similar Cases.

A WOUND on the FOOT by a HATCHET.

A MAN, in hewing Wood with a heavy and very sharp Hatchet, cut his Foot quite through, between his great Toe and the next to it, as far as the metatarsal Bone which supports the little Toe. This Wound, which is oblique, terminates near the tarsal Bone, in such a Manner, that the three metatarsal Bones, which support the middle Toes, are obliquely divided, as well as the fleshy Parts and the Sole of the Foot. How should this Wound be dressed?

A N S W E R.

The Division of the metatarsal Bones does not contra-indicate the Re-union of the Lips of the Wound, if it is possible to obtain it speedily ; consequently we must exert our Endeavours to promote it. In the first Place, the Division of the Bones demands a very essential Attention, which is to feel if there are any little Splinters of Bone, either entirely separated, or only retained by some of the fleshy Parts ; for these Splinters will be extraneous Substances, and hinder the Re-union. They must therefore be cut off with the Scissars and removed ; for pulling them away would be bad Practice. Some small Branch of an Artery may bleed, the rest of the Wound will only ooze, and if the Blood should spring from any small Vessel, the Application of some Lint dipped in Alum-water will soon stop it. The Wound must then be washed with this Water, to remove any Clots of Blood, which would be

as

as so many extraneous Substances. This being done, bring the Lips of the Wound together, and keep them united in such a Manner that they may touch, without being too close to one another. In this Case the Suture is unnecessary, the retentive Bandage being sufficient; but before that is applied, you should sustain the Parts which are to be re-united (especially the Skin, which is always apt at first to retract) with several Slips of Sticking-Plaster rolled round the Foot. It will be proper to leave some little Spaces between the Turns of the Plaisters, to facilitate the Evacuation of the Matter, which will discharge from the divided Parts; for that will obstruct the Reunion, if it remains between the Lips. The uniting circular Bandage, which is to be applied over it, must not be too tight.

With these Precautions this large Wound may unite in a few Days; but it is likewise possible, considering it's Magnitude, that it may only unite in some Places, and that some Parts of the Wound, not agglutinating, may suppurate. This will not prevent it's uniting in Time, as the Parts will be in

Contact, and ready to unite, when they are digested and clean.

To these Attentions it will be necessary to add several Bleedings to prevent an Inflammation, which would obstruct the Reunion; and it will be equally proper to regulate the Diet, and keep the Part perfectly still.

By this Management I have re-united a Fore-arm, the two Bones of which were cut in two by one Stroke of a Sabre, given on the Outside of the Arm; there being only the fleshy Parts which covered the Bone on the Inside of the Arm, which were not divided.

*A LETTER from the SURGEON, on the
SEQUEL of the DISEASE.*

The Advice given in Consultation was not followed, and the Patient dressed himself for three Days, wrapping his Foot up in Cloths dipped in Aqua Vitæ. All the Foot and the Ankle are swelled, This Swelling has brought the divided Flesh nearly into Contact, and in the Wound we observe
all

all the Muscles swelled and in a Manner floughed. The Patient feels a great deal of Pain, great Heat, an almost continual Pulsation, and has a Fever. How should this Wound be dressed? and what ought to be done?

A N S W E R.

The Want of Re-union is owing to the not bringing and keeping the Sides of the Wound together. An Inflammation is come on, which extends even higher than the Wound, but this makes no Alteration in regard to the curative Indication, which is to procure a Re-union as expeditiously as possible; but this cannot be done without a large Suppuration of all the divided Parts, and possibly in the Course of the Treatment there may be some Exfoliation from the Bones which are divided.

The Parts should be sustained so as to prevent their farther Separation, but without being too close together. They should be kept so, by Slips of Plaister placed circularly, at some Distance from one

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another,

another, and by an easy Bandage, because there may be some Splinters of Bone which may prick the Flesh; Digestives and greasy Ointments here are improper; Oil of Turpentine or green Balsam applied to the Lips of the Wound with a Feather, to make the Slough separate as soon as possible, is all that should be done, besides the Use of emollient Cataplasms to abate the Inflammation; and they must be repeated till it is entirely gone off. When that is over, the Foot must be covered with a vulnerary Decoction over the Dressings. Large and frequent Bleedings, more or less, according to the State of the Patient, must be added to a very strict Regimen; for the Inflammation may increase, and this at present requires our chief Attention.

The Suppuration will not commence till the Inflammation abates, and by Degrees the Parts will re-unite; for the Care that is taken to prevent the Lips of the Wound parting asunder, will assist Nature in the Re-union. Some Parts of the Wound will be observed to unite sooner than others; but what will chiefly retard the Cure, are the

the Points of some loose Bones which should now be extracted, but cannot, on Account of the Swelling of the Foot.

It is not impossible but that some Months after the Wound is perfectly cured, little Abscesses may form from Time to Time, and break of themselves; from whence will come away some small Scales, which are thrown off and separated by the Digestion of the muscular or aponeurotic Parts, to which they had remained connected.

A WOUND by a KNIFE in the LOINS on the left Side.

A MAN was found in the high Road senseless, and wounded with a Knife in the left lumbar Region, two Fingers Breadth above the Middle of the Crista Ilei. His Shirt was stained with a good deal of Blood, mixed in some Places with a yellow Substance pretty fluid. The Surgeon of the Place is desirous of making an Incision, notwithstanding the Wound is an Inch long.

long. Is this Incision necessary? What should be done to the Wound? What are the Parts that may have been wounded? How should the Wound be dressed? And do you think the Man can be cured?

A N S W E R.

The Situation of the Wound gives Reason to believe, that the yellow Substance mixed with the Blood on his Shirt, is Part of the Fæces issuing from the Colon, which may be wounded in that Place where it's Position forms the Roman Letter S. In this Case I shall make at present but a doubtful Prognostick, as well on Account of the Wound of the Intestine, as of the Wound of the cellular Texture of the Peritonæum and Meso-colon, the Inflammation of which may extend all over the lower Belly and destroy the Patient. And even supposing that should not happen, the Wound may remain fistulous for some Time. The Wound of the Teguments must be immediately enlarged by an Incision, to give a free Passage to whatever may still discharge from the Intestine, and to prevent the Skin
which

which always inclines to close together, from making the Opening too narrow before the Wound is healed at the Bottom.

The Dressing should be very simple ; only some Lint spread with a Digestive sustained by a Plaster ; and, as the Wound is deep, it will be proper to tie a Bit of Thread to the first Dossil that is introduced. The Diet and Bleeding must not be neglected, but regulated according to the Strength of the Patient, to prevent an Inflammation ; for the Colon cannot be wounded, without the Meso-colon, which connects it to it's Place, being wounded also. The Discharge from the Wound in twenty-four Hours will determine whether the Colon is wounded ; but perhaps it may not even then be quite certain, till the Change of the Dressings, and it is not material to enquire into it at present. Besides, the opening of the Intestine will make no Alteration of the Dressing ; for, supposing we know it to be certainly wounded by the Evacuation of some of the Fæces, it can only make it necessary to dress the Wound several Times in the first twenty-four Hours, to re-
move

move the Fæces, which would spoil the Dressings and do Hurt to the Wound. I said before that the Wound might remain fistulous; it is possible likewise that it may be entirely cured by proper Care and the Assistance of Nature, in the same Manner as we often see Hernia's cured, where, a Gangrene having destroyed the strangulated Portion of the Intestine, the Fæces are evacuated through the Wound for several Days.

A very exact Regimen should be observed, 'till the Bottom is compleatly filled up and the Patient must be supported with Food which will make very little Fæces; for when it arrives in the Colon, by the peristaltic Motion of that Intestine, if it continues long in that Place where it forms the Roman S, which is the wounded Place, it will prevent the Wound of the Intestine from closing, or at least retard the Cure.

As the Fæces remain in the Roman S longer than in any other Place, on Account of the Turn it makes, it is possible that when the Patient is cured, the Wound may burst open afresh, as we see happen in Hernia's, when the Opening of the Intestine
has

has given Passage to the Fæces. Therefore the Patient should observe a very strict Regimen for a long Time after the Cure, that the Fæces may be in such a fluid State, as not to remain long in that Part of the Colon next to the external Wound.

A WOUND in the THIGH by a SWORD.

A MAN receives a Stab in the Middle and Outside of the Thigh with a small Sword; Being sent for as soon as the Accident happens, I beg to know what is proper to be done?

A N S W E R.

The aponeurotic Expansion of the Fascia lata spreads all over the outer Part of the Thigh, and is much extended every Way; if this Aponeurosis is wounded, it will scarcely heal without a Suppuration, which will produce an Adhesion of the Lips of this Wound to the cellular Membrane and
the

the Muscles under it; for there is this Difference between Wounds of tendinous and muscular Parts, that the latter, if recent, will unite without Suppuration, but the others most commonly suppurate. As this is the Case, it will be proper to dilate the Wound of the Teguments, and if the Fascia lata is wounded, it should be set at Liberty by radiated Incisions made on all Sides, from the Center to the Circumference, but not so deep as to wound the Muscles. By this Method and proper Dressings you may hope for an expeditious Cure. Bleeding at proper Intervals, a strict Diet, and keeping the Part quiet, with other Assistances of Art, will contribute to help Nature in shortening the Time of the Cure.

The SURGEON'S LETTER in REPLY.

I was not permitted to do what was recommended by the Consultation, but about four Days after was sent for again. The Patient had been dressed with a common Plaister, as the Wound seemed to be of little Consequence. On my Arrival I found
him

him very feverish, his Thigh much swelled with a very tense Hardness, and the Skin much redder than it should be; he complains of a deep Pain, with continual Throbings and Pulsation. From whence do these Symptoms proceed? and how are they to be relieved?

A N S W E R.

All the abovementioned Symptoms are owing to the not enlarging the Wound of the Teguments, and setting the Fascia lata at Liberty by proper Incisions; for the Sword having penetrated the Aponeurosis, Matter is formed between it and the Muscles, which cannot be discharged, because, as the Inflammation of the Aponeurosis increases, the Wound in it grows smaller, and the Inflammation, which is the Cause of the other Symptoms, by this is augmented.

It will be proper, therefore, to dilate the Wound as soon as possible quite through, and release the Aponeurosis from it's Tension by the radiated Incisions. The Matter

ter will then have a free Passage, after which it is to be hoped the Symptoms will go off, by the Help of proper Dressings, Bleedings, emollient Cataplasms frequently renewed, and the joint Assistance of Art and Nature.

Some Time ago I saw a Person who had the Skin and Fascia lata pierced in the same Manner by a Nail, about three Weeks before. The Inflammation of the Aponeurosis had brought on a Suppuration, and the Matter, by being confined, had separated the Aponeurosis from the Muscles for a Space broader than my Hand.

A WOUND in the FORE-ARM by a SWORD.

A M A N received a Wound by a Sword, in the Middle and Outside of the Fore-arm, which passed upwards to the Bending of the Elbow without going through. The Wound bled a great deal, and there is a kind of Thrombus formed at the Bending of the Arm, which is grown
bigger,

bigger, and has something of a Pulsation in it. Half an Hour after the Accident, being sent for, I thought it necessary to dilate the Entrance of the Wound, and stopped the Bleeding with dry Lint. It is about twenty-four Hours since; the lower Arm is a little swelled, and the Thrombus something increased. What am I to think of it? What should I do more than I have done already?

A N S W E R.

From the Account given, I make no Doubt but that there is an Artery at the Bend of the Elbow pricked, or perhaps divided; and the Wound being narrow, there is not a free and sufficient Passage for the Flux of Blood, for probably the Sword passed between the two Bones, through the Aponeurosis that connects them together. The small Fluctuation and Pulsation at the Bend of the Arm, are convincing Proofs of it.

You have acted right in dilating the Entrance of the Wound, and if you had been

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certain

certain that an Artery was opened at the Bending of the Arm, I don't doubt but you would have made a sufficient Pressure to prevent the Thrombus that has happened. I once saw the brachial Artery opened in a Wound given by a Sword in the Middle of the Arm, where the Blood was stopped by Compression, which was continued for several Months, by the Help of a Bandage made on Purpose; the Coagulum of Blood formed at the Opening of the Artery, became dry and hard; after which the Patient continued the Use of his Bandage for several Years: But these are very uncommon Cases. In the present Case, as the Blood is stopped you must contrive to make a sufficient Compression on the Thrombus with a Bolster, kept on by a Steel Machine, made so as to give more or less Pressure according as it shall be found necessary; for if the Bolster was kept on by a Roller, it would be a kind of Ligature, which, by obstructing the Course of the Blood in it's Return to the Heart, would still increase the Swelling of the lower Arm.

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As to other Applications, simple Dressings are sufficient.

*Second CONSULTATION on the PROGRESS of
the DISEASE.*

The Wound suppurated; but notwithstanding the Compression I made, and continued on the Thrombus, on the fourth Day there happened a second Hæmorrhage, which fortunately I stopped with dry Lint. The Swelling of the lower Arm has since gradually increased, and now extends above the Elbow.

The Fever which was slight is become more violent, and the Patient feels a great Numbness all over the lower Arm. The Thrombus continues in the same State. What ought I to do?

A N S W E R.

The Return of the Hæmorrhage is a certain Proof that there is a considerable Artery opened in the Bend of the Arm; and the Thrombus being at the Division of the

brachial Artery, it is there we must look for the Opening, without which the Hæmorrhage will frequently return, and the Patient die. It will be necessary therefore, without Delay, to perform the Operation for the Aneurism; that is, to find out the Opening in the Artery, and make a Ligature above and below it. The external Wound where the Sword entered, will then be no more than a simple Wound, and must be dressed accordingly.

The Swelling of the lower Arm is owing either to the plugging up of the Wound to stop the Bleeding, or else the Compression made on the Thrombus, and in all Probability will go off after the Operation, which I think absolutely necessary.

Bleeding, Fomentations, or emollient Cataplasms frequently repeated, and proper Diet, will all contribute to remove it, and to all Appearance the Fever will abate when the Dressings become easier. The Discharge from the two Wounds will be bloody a long while, on Account of the coagulated Blood which remains in the Interstices
of

of the Muscles; when that ceases the Wound will soon heal.

*A WOUND in the BREAST by a SWORD,
and another in the ARM.*

A MAN has just received two Wounds with a Sword. One penetrated the right Arm in the anterior and middle Part, above the Insertion of the deltoide Muscle, and ended between the Muscles, without going through; the other Wound entered at the Back and on one Side of the Bottom of the Scapula, and the Patient spits a little Blood. What is to be done to both of these Wounds?

A N S W E R.

The Wound in the Arm is a simple Wound, the re-union of which should be procured speedily. To do this, a large Dossil of Lint should be placed on each Side of the Wound, to make a slight Pressure;

and a little dry Lint on the Orifice, which should be covered with a Plaister to prevent it's removing; the whole sustained by an easy Bandage. This may be cured in two Days. The Wound at the Back requires much more Attention; for the Blood spit by the Patient is a Proof that the Lungs are wounded. If they adhere to the Pleura, there will be no Extravasation of Blood in the Thorax, but if they do not, probably there may; which will be known by the particular Signs of an Extravasation, and there will be a Necessity of performing the Operation for the Empyema.

Whether the Lungs adhere or not, which is difficult to discover at present, their being wounded is sufficient to render it necessary, that the Wound of the Teguments and Muscles which cover the Ribs should be dilated, to make a Passage for the Blood and Matter that discharges from the Bottom; but the intercostal Muscles must not be divided. At the second Dressing, and the following ones, a few Drops of the green Balsam must be poured into the Wound, for a Wound of the Lungs seldom

dom is easily cured, on Account of the alternate Motion of Dilatation and Contraction, and will suppurate. As for the external Wound, that should be dressed according to Art, observing to keep it open till the Wound of the Lungs is cured, which will be known by the Manner in which the Patient breathes, and by the Saliva being free from Blood and Matter. The Incision which I propose is so much the more necessary, as by that Means an Emphysema, which might otherwise come on, will be prevented. The most exact Regimen must be observed, with Bleedings proportioned to the Symptoms that may arise, and other Remedies given according as they are indicated.

*Second CONSULTATION on the PROGRESS of
the DISEASE.*

The Method prescribed in Consultation was not followed, and both the Wounds were dressed by the secret Method*. That

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of

* *Pansées du Secret.* This Expression, I have been informed, takes it's Rise from the Method used by those Persons,

of the Arm was cured in twenty-four Hours, and the Wound of the Lungs also; but within this Week there has come on an Inflammation on the latter, which terminated in an Abscess, that broke and discharged a good deal. It was thought necessary to inject some vulnerary Water through the Orifice to cleanse the Wound, and it is observed that the Injection made the Patient cough, and Part of it came away with the Spittle. Probably in this Place the Lungs adhere to the Pleura. We desire to know what is meant by dressing Wounds according to the secret Method? Why the Wound of the Arm healed by this Method, and not that of the Lungs, which burst open a Week after? Lastly, we desire to know how this new Wound should be dressed?

A N S W E R.

This secret Method of Dressing consists in sucking a Wound, which cannot be
done

sions, who dare not apply to a Surgeon to be dressed, for fear of a Discovery how they came by their Wound.

done without bringing the Sides of it from the Top to the Bottom nearly into Contact; for the Mouth acts like a Pump. Consequently all the Blood which has stopped and coagulated in the Wound, is brought away by this Suction, and all the small Vessels at it's Circumference are equally emptied and in a Manner dry. Is there any Method that could more speedily procure a Re-union, than what extracts the extravasated Blood, and brings the Parts together which are divided? It is on this Account that the Wound of the Arm healed so soon. (A Wound that has penetrated through a Limb, without opening any considerable Vessel, might heal of itself, provided Care was taken before it was sucked, to close one of the Orifices exactly, and to keep the Part perfectly quiet for twenty-four Hours.) The Wound of the Lungs could not heal of itself, because at every Respiration the divided Lips were moved, and at every Expiration a Part of the Air slipped in between the Sides of the Wound, and kept them asunder; in Consequence an Inflammation has come on, a
 Suppu-

Suppuration is formed the whole Length of the Wound, and Matter collected between the Sides. The small Opening which broke of itself is not sufficient for the Discharge, it must be therefore enlarged by an Incision through the whole Length of the Cavity filled with Matter, and this Wound must be afterwards dressed as a simple Abscess, only pouring into it a few Drops of the Green Balsam.

No Injection should be used, for a single Drop entering into the Lungs with ever so little Force, will make the Patient cough, and bring on a new Laceration. It is Nature alone that can operate towards curing the Wound of the Lungs, and in order that it should not be opposed in it's Endeavours by an Inflammation, that should be prevented or abated by one or more Bleedings, as Occasion requires, by an exact Diet, and other proper Remedies, according to Circumstances. The external Wound will not heal till after that of the Lungs is cured.

A WOUND by a SWORD above the EYE-BROW.

A MAN received a Wound yesterday by a Sword above the Eye-brow, the Point of which scarcely entered a Quarter of an Inch, being stopped by the Bone. At the same Time he felt a Numbness all over him, which entirely deprived him of Strength, so that he fell down backwards. This in twenty-four Hours has degenerated into a perfect Palsy all over him. You are asked whether you have ever seen such a kind of Disorder? What is to be thought of it, and what is to be done?

A N S W E R.

Without Doubt some small Branch of a Nerve is either punctured or cut, and probably a Branch of the fifth Pair. In 1744, there was a Man who had his Face slightly grazed by the Branch of a Tree he was cutting, to whom happened much the same Thing. Two Hours after, the Side of his
Face

Face swelled, and the Jaw became paralytic. The next Day the Palsy extended to the Larynx and the neighbouring Muscles, in such Manner that the Patient died in a few Days, not being able to swallow.

To account for these Symptoms, we ought to have a more perfect Knowledge than we have, of the Nature of the Nerves, the Animal Spirits, the Manner in which they are distributed to every Part of us, the Cause of their Motion, and the Disorder and Irritation which the Puncture of a single Nerve can communicate to the whole nervous System.

Perhaps in this Case the Nerve may only be pricked or partly divided; all the Assistance that can be given then, is to divide the Nerve entirely; and the Reason of my proposing it, is, because I look upon this partial Puncture or Cut, in the same Light as that of a pricked Tendon; and Experience has taught us, that the most certain Method of curing the Symptoms which arise from that, is to divide it entirely, at the Place where it is wounded, or above it.

A WOUND

A WOUND in the BREAST by a SWORD.

A MAN has just received a Wound by a Sword in his left Breast. The Entrance of the Wound is about a Quarter of an Inch in Breadth ; the Circumference is neither inflated nor tumified. The Patient has a slight Difficulty of breathing, and does not remember whether the Wound was given obliquely or not. What should be done in this Case ?

A N S W E R.

The Wound may have penetrated into the Thorax, and possibly may not ; but as there is no Sign of any of the Viscera being wounded, the first Indication that offers to be fulfilled is the Re-union ; the rather, as the slight Oppression the Patient complains of, may be occasioned only by the Terror with which he was struck, when he felt himself wounded : even the slight Pain he feels may be sufficient to cause it. You must be careful therefore not to probe the
Wound,

Wound, to examine whether it penetrates or not; for even supposing that it does penetrate, a speedy Re-union is best, whereas the Probe, by disturbing the Sides of the Wound, will retard it. It is sufficient therefore to bring the Lips of the Wound together, cover them with a little Lint, to absorb any Blood that may Discharge, and to secure it with a Plaister and a Roller round the Body, rolled moderately tight, as Inspiration is performed more by the Depression of the Diaphragm than the Elevation of the Ribs. The Patient ought to be bled immediately, and possibly again two Hours after. He must be confined to a very strict Diet for twenty-four Hours, and be enjoined the most perfect Quiet, in Order that nothing may disturb Nature, and retard the Re-union of the Lips of the Wound.

A WOUND by a PISTOL in the FORE-ARM.

A M A N received a Wound by a Pistol, the Ball of which entered the lower and inner Part of the Fore-Arm, above the Musculus Quadratus, and went out at the upper and outer Part, piercing the Musculus supinator longus, two Fingers Breadth below the Articulation with the Humerus. Under that Muscle, near the Place where the Ball went out, the Radius is observed to be displaced, the Nature of which makes it doubtful, whether it is fractured in its upper Part, or only dislocated. What Operation ought to be performed? How should this Wound be dressed? And what Prognostick should be made?

A N S W E R.

This Wound is so much the more important, as the Entrance and the Exit of the Ball being so distant from one another, makes a hollow Wound the whole Length of the Limb.

There

There is no Manner of Doubt, but that the Entrance of the Wound should be sufficiently enlarged by an Incision, that will admit the Finger to examine whether there is any extraneous Substance remaining, which may be felt and extracted; such as a Piece of the Shirt or Waistcoat; and to set at Liberty the common Membrane of the Muscles. An Incision must also be made in the same Manner where the Ball passed out, to introduce the Finger into it's Passage, in order, if it should be found necessary, to set the Membrane still more at Liberty. If the Radius is only dislocated, we must endeavour to reduce it; if it is broke, you must dilate the Wound in the same Manner as you have done where the Ball entered, for it is principally here we must expect to meet with the Splinters struck off by the Ball. In this Case, conducting the Point of the Scissars on the Finger, you must cut the small muscular membranous Portions which retain the Splinters; or if they are very large, and pretty strongly connected in some Places to
the

the Bone itself, you must then reduce these Pieces of broken Bone.

The Wounds being lightly dressed, the whole must be covered with an emollient Cataplasm, or Compresses dipped in a vulnerary Lotion, and sustained by a very loose Bandage. I say a very loose Bandage, because most probably the Arm will swell, and then the Bandage will become too tight. The Arm must be put in a Case, to prevent the Bone from being displaced, and the Cataplasms or Lotions must be frequently renewed.

In such Cases, or similar ones, an Inflammation is the more to be dreaded, as it may extend over all the Fore-arm; in Consequence of which, Abscesses and Collections of Matter might be formed in many Places, between the Interstices of the Muscles, where they are separated by the Membrane that covers them; these Abscesses or Sinusses must be opened as soon as they are discovered.

It is possible likewise, that it may be necessary in a little Time to amputate the Arm above the Elbow. This must be de-

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terminated

terminated by one Circumstance, which is, if that Joint should begin to swell and become erysipelatous, and this Symptom is plainly seen to increase; in this Case it must be done without Delay, or else you will see the Discharge from the Wounds stopped, and the Swelling extend up to the Shoulder. Then it would be too late to do it, or else it might be done to no Purpose.

A WOUND by a SABRE, making a FLAP.

A MAN has received a Wound on his Head by a Sabre, which has separated a Piece of the Teguments about the Size of a Card; it's Shape is nearly triangular, and consists of the Skin, the Aponeurosis of the frontal and occipital Muscles, and even the Pericranium; for the Bone is quite bare, and in a Manner scraped. The Accident has just happened, and the Wound scarcely done bleeding. This Piece adheres to the rest of the Teguments only by one Side of the Triangle, which
was

was cut but half through. The Bone being bare, are there any Hopes of a Re-union of the divided Parts without an Exfoliation ?

A N S W E R.

It is not always a Rule, that a Bone, being laid bare, ought to exfoliate, either perceptibly or imperceptibly ; the Cure of Amputations with the Flap is a Proof of it. Consequently this Wound being recent, ought to be speedily re-united ; besides Nature will operate towards the Re-union, by the Juices which issue from the Bone mixing with those that issue from the Flesh when replaced. All the coagulated Blood in the Wound must be first taken away, the Flap then replaced, and kept there by several Slips of Sticking-Plaster, which will form so many dry Sutures. As the Muscles here are cut, it will not be proper to use the Suture with the Needle, which might bring on at least a slight Inflammation ; and the Skin being kept in it's Place by the dry Sutures, will retain the muscular or aponeurotic Fibres

that adhere to it. These Slips of Plaister ought to be very long, to take hold of the Skin and consequently the muscular Fibres, for some Distance, and they should be a little separated from one another, that if any Matter should issue from the Wound, it may be discharged through the Interstices; for if it was to remain in the Wound, it would become an extraneous Body, and would obstruct the Re-union, which we propose to procure as soon as possible. As there must be several Slips of Plaister, if one should loosen it's Hold by being moistened with the Matter, it must be changed without removing the others. The Patient should be bled immediately after, to prevent an Inflammation.

I cured a Wound of this kind in three Days, without any Accident intervening; consequently the fleshy Parts united with the Bone as well as the Skin at the Circumference.

I found in the Burial Place at *Worms*, an entire Skull of a Man, who had been dead a very long Time. It appeared that a Piece of the parietal Bone, round and full an
Inch

Inch in Diameter, had been separated by a Stroke of a Sabre. Without Doubt the Patient had been cured of this Wound, and the Surgeon had replaced the Piece of Bone, for the Callus was formed and equally hard the whole Circumference ; it was the same within the Skull as without. There was even on the Inside of the Piece, which had been united by the Callus, three little Scales of Bone, which the Surgeon had not taken Care to remove, and were soldered, as it were, in the Middle of the Piece which was replaced. Several Surgeons have seen this very curious Piece, which was stole from me some Time after.

A WOUND in the FORE-ARM by a SABRE.

A MAN has just received a Stroke with a Sabre, which has divided the two Bones of the Arm in the middle Part of it ; the Stroke which was given on the Outside of the Arm, has left nothing unwounded but the fleshy Parts which form the

the Inside of the Fore-Arm, so that the Wrist and lower Part of the Fore-Arm drop, being supported only by these Parts. Being sent for immediately, What ought to be done? May one hope to preserve the Wrist?

A N S W E R.

There is no doubt but we ought, if possible, to procure the Re-union of the divided Parts; for the Bones may be united as well as the Flesh. It is very true, that if we should be so happy as to succeed, the Hand will remain closed, because all the extensor Muscles of the Wrist and Fingers are divided, and the flexor Muscles always tend to contract themselves, even independent of that Contraction which is voluntary. But the Hand, though closed, will be always more useful than a Stump without a Hand.

It will be necessary to examine directly, whether there is any Splinter or small Piece of Bone separated from the whole, and only connected by some of the fleshy Parts; if

if there is any discovered by the Finger, it must be extracted by cutting it off from what it adheres to ; the divided Parts must then be immediately replaced, and kept there by a flat Splint well lined, placed and fixed on the Inside of the Fore-Arm ; this Splint should be long enough to keep the Wrist and Fingers a little forcibly extended, so that the muscular Parts which are divided entirely may touch one another. I do not propose the Suture with the Needle, because, without the Assistance of that, the Parts may be kept exactly in Contact.

You should begin with washing the Wound with warm Wine, to remove all the little Clots of Blood which may stick to the divided Flesh ; and, if the Wound still bleeds, it should be washed with Alum-Water, to contract the Mouths of all the small opened Vessels. When the Wound has done bleeding, the divided Parts must be brought exactly together ; and to keep them so, the abovementioned Splint must be placed the whole Length of the Inside of the Fore-Arm, as well as on the Inside of the Hand and Fingers. On

the Side of the Wound the Lips must be sustained by several Slips of agglutinative Plaister, which will make dry Sutures, and they must be renewed, according as they are loosened by the Matter which discharges from the wounded Flesh. The Arm must afterwards be placed in a Case, in such Manner that the Hand may be a little more elevated than the Elbow, and the Elbow upon a Level with the Shoulder, to assist the Return of the Juices into the Limb.

Neither Lotions nor Cataplasms are to be applied to the Arm, because they would only loosen the Plaisters which form the dry Suture; neither should there be any Dressings applied for some Days, the sole Object of our Attention being the Position and Quiet of the Limb, as well as of the dry Sutures; Circumstances may require them to be added hereafter, but the Splint must not be removed till the Bone is judged to be perfectly united. *Note*, that the Bones may be much longer in uniting than the soft Parts. We know by Experience, that the Re-union of a Bone is a longer or shorter

shorter Time in forming, according to the Age of the Patient.

The Inflammation is the only Thing to be dreaded here, and to prevent that, frequent and large Bleedings, more or less, must not be spared, according to Circumstances and the Strength of the Patient. The Diet likewise is a Thing which deserves a great deal of Attention; other Remedies that Circumstances may indicate I omit.

This Wound may be some Months in curing, as I have seen in a Trooper, that received such a Wound at the Battle of *Oudenard*.

In proposing the Re-union in this Manner, I am sensible it will not be perfected very soon; many Points of the Division will unite speedily, others more slowly, owing to the Difficulty and even the Impossibility of bringing them together, and making them meet as exactly as we could wish; but at last they will all unite, some without Suppuration, and others after having suppured, as I have seen them do.

A WOUND on the ELBOW by a SABRE.

A M A N receives a Stroke by a Sabre, which divides the Olecranon, but does not affect the Body of the Cubitus or Radius, being given from above downwards, while the Arm was bent ; the Piece of Bone is held by and adheres to the Piece of Flesh. What ought to be done to this Wound ?

A N S W E R.

Experience teaches, that Bones, when they are divided, will often unite as well as Flesh ; it is true their Re-union is slower in effecting, but nevertheless it is accomplished at last. The first Indication then that offers here is the Re-union. The Flap must be replaced and kept there by the dry Sutures, by a uniting Bandage, and by the Position of the Limb, which should be placed and fixed in a State of Extension, so that it cannot bend itself nor be bent by any Means. It will be therefore
proper

proper to secure it well in that Position. To do this commodiously, and in such a Manner that the Wound may be seen, without removing what keeps it extended, there must be placed on the Inside of the Arm a Plate of Tin, about a Foot long, bent in the Form of a Boat, and wrapped in Linen. The Middle of the Plate must be placed at the Bending of the Arm (for Want of such a Plate something equivalent to it must be used, as the Bark of a Tree.) Two other Plates not so long should be placed at the outer Part of the Fore-Arm, that is, one above and the other below the Elbow; and these three Plates in a Manner almost surrounding the Limb, must be secured with a broad Roller moderately tight. The Elbow by this Means being uncovered, you may see every Day what passes. The Wound should not be dressed for three or four Days, but it may be proper to change the dry Sutures if they should be loosened by the Discharge. The Arm must be kept extended without any Relaxation for thirty or forty Days, either more or less, according to the Age of the Patient,

because

because the Callus is longer in forming in old People, on Account of their Bones being drier. The Nature of the Olecranon, which is spongy, may expedite the Cure. The Flesh may be united in a few Days; nevertheless, it may happen that some Part may not re-unite so soon. In that Case the Wound will suppurate for a short Time and heal afterwards, perhaps not till the Bone is re-united. If an Inflammation should happen, it may occasion Collections of Matter, Sinusses, Abscesses, and other Accidents capable of hindering the speedy Reunion; therefore we must endeavour to prevent it by every Means that Art can afford, without quitting the Extension that I have directed.

*Second CONSULTATION on the PROGRESS of
the DISEASE.*

The Person who saw the Patient had filled the Wound with Lint, and as it stuck very close when your Answer was received to the preceding Consultation, he would not remove it. An Inflammation has ensued,

fued, and you are again consulted, being the fourth Day of the Wound ; the Lint is a little moistened, and the Wound begins to digest, even the inner Part of the Flap to which the Olecranon is connected ; the Fore-Arm is swelled, and also the Arm above the Elbow a little. What should be done ?

A N S W E R.

The Lint is an extraneous Body in the Wound and should not have been put there. The Wound begins to digest ; but that is no Reason to continue dressing it in the same Manner ; therefore as soon as the Lint can be removed the Lips of the Wound must be brought together in such Manner that the divided Bones may meet and touch one another exactly, for possibly there may be no Exfoliation, and the Olecranon may unite as it is of a spongy Texture ; another Reason to think that the Olecranon may unite soon to the Cubitus, is the Arm being fixed in a posture of extension, as I have directed.

In regard to the soft Parts which suppurate, it is very certain that by keeping them together, in such Manner as to touch, Nature will have less to do to unite them, than if they were left afunder, as was done at first. At the same Time you must attentively observe the Directions I mentioned in the former Consultation. In Consequence of the inflammatory Swelling of the Fore-Arm, there may possibly be some Abscess formed amongst the Muscles of that Part, and during the forming of the Matter, the Swelling may increase, but this must make no Alteration in what I have directed for the Wound. As soon as a Fluctuation of Matter is perceived, the Abscess must be opened and dressed according to Art; then the Swelling will go off, but not before.

That the re-union of the Olecranon may be made as soon as possible, the Arm must remain for a Time extended without a Possibility of being bent, which would render it useless and even inconvenient; but the Flexure will return again with proper Assistance; this consists in making use of emollient

ent Fomentations for a Fortnight, not only on the Cicatrice but even all over the Arm to the Shoulder, to permit the extensor Muscles of the Fore-Arm, that are shortened, to yield to Extension, and the Flexors to recover their motion of voluntary contraction, which they have lost the use of. After this the bending of the Fore-Arm must be effected gradually by some Degree of Force such as the Pain will permit, for it cannot be done without. The tenth of an Inch obtained in a Week, in three Months will become a useful Flexure, the Progress of which will certainly augment by continuing the same Method.

A WOUND in the THIGH by a PISTOL.

A VERY fat Man of forty Years of Age returning from the Country on Foot about eleven at Night, carried in his Hand a Pocket-Pistol charged with a small Piece of Lead; the Pistol went off and the Piece entered into the left Thigh, four
Fingers

Fingers breadth above the Knee, between the anterior Part and the Inside. Consequently it must have passed from above downwards, across the Vastus internus Muscle, near the Place where it meets with the three other extensor Muscles of the Leg, to form together the Aponeurosis that covers the Rotula. The Patient walked a quarter of a League to get Home, and did not send for me to dress him till eight in the Morning. I found the Knee and Thigh swelled, and very painful. To discover the Track of the Shot I examined the Wound with a pretty large Probe, that I might not make a false Passage; it entered obliquely, with Ease, an Inch and a Half, where it was stopt by the Muscles without my being able to follow the Track of the Shot any further; I have enlarged the Orifice sufficiently, as far as into the Musculus Vastus internus, but neither my Finger introduced to that Depth, nor the Probe, could discover the Track the Ball had made, so I dressed it up lightly. Bleedings and emollient Cataplasms repeated for six Days, by degrees have abated the Inflammation, so that
the

the Wound begins to digest not knowing where the Ball is, I dare not, (even following the oblique Passage it has taken) make a deeper Incision in a Place furnished with Aponeuroses, which in Consequence may Inflammé. What is your Opinion? and what am I to do now? I would if possible extract this extraneous Body.

A N S W E R.

From the State of the Wound as you have described it, and the Occasion of it; I am doubtful it will not heal, but will remain fistulous at least, if you cannot get out the extraneous Body. The Fear you were under of making Incisions in the aponeurotic Parts to search for it, was well founded, especially as you could not feel it, but I do not doubt but you will succeed in finding it by a very simple Method, which has already succeeded with me, without disturbing the Wound.

You must inclose in the Middle of a small Dossil of Lint, a little Piece of Caustick, and place it at the Bottom of the

I Wound,

Wound, keeping it fixed there by two or three other Dossils, so that it may not be displaced, the whole sustained by a Plaister, a Compress, and a Roller. The Caustick will dissolve and insinuate itself along the Track of the Ball, where it will make an Escar as well as on the neighbouring Parts; this Escar in the Muscles will not be so hard as what the Caustick makes on the Skin, the Texture of which is very firm, and requires being cut with a Bistoury: by this Method you will easily introduce a Probe to the Bottom, or even the Finger, and feel the Ball by it's Hardness. It will then be not difficult to take hold of it with the Forceps without hurting the Muscles, and making a new Laceration. The Ball being extracted the Escar will fall off, and the Wound digest and heal in a little Time.

The SURGEON'S ANSWER.

I followed your Advice, and the next Day, introducing my Finger as far as the Bottom of the Wound, through the Escar,
I felt

I felt the Piece of Lead, which lacerating the Periosteum had struck the Femur, and was connected to it's Superficies by some Inequalities, for it had become of a very irregular Figure by the Resistance of the Bone; it weighed a Dram. The Wound after this digested, the Bottom filled up without any Exfoliation of the Bone, and the Wound was cicatrized in about twelve Days by the most simple Dressings; that is to say, by every Day pouring in a few Drops of the green Balsam, and leaving the rest to Nature.

A CONTUSION *on the* FOREHEAD *by a*
MUSQUET-SHOT.

A MAN received a Musquet-Shot in the Middle of his Forehead, on one Side of the sagittal Suture, the Ball of which being at the End of it's Course, made no Wound, but only a Contusion, and dropped at the wounded Man's Feet.

At that Instant he felt a Numbness that made him stagger, but went off immediately. Your Advice is desired. Is there nothing to fear? And what should be done to the Contusion?

A N S W E R.

If the Ball has struck hard enough to make a Contusion, and the Commotion is but slight, the Bone may be and most probably is fractured. In this Uncertainty a crucial Incision should be made on the Contusion, to discover the Bone. If there is no Fracture, you will have nothing more to do than to wait for the Exfoliation of the Bone, and the Wound will heal. If there is one, the Trepan must be applied as soon as the Symptoms of an Extravasation begin to appear. It will not be proper to do it sooner, because the Dura Mater as yet adheres to the Cranium, which can only be separated from it by the Extravasation, and it is proper that it should be separated by that. It is uncommon in such a Case to have the Bone broken in Pieces, but if it

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was, the Trepan should be applied directly, because the Signs of an Extravasation would come on very soon, whereas in a slight simple Fracture it is two or three Days before they appear, and often longer. Perhaps you may be surprized that I direct an Incision to be made when there is no other Symptom yet; but it happens very often, that the Bone is fractured with such Blows, and I have seen a great many Patients die, where there has been no Suspicion of any Fracture, because there was no Wound, and the Contusion appeared slight; there is nothing wonderful in this, for a Ball is a round Body, which strikes only in one Point; and all the Weight of the Ball centers in that Point. I do not speak of the Regimen the wounded Person is to observe, of the Bleedings in the Arm or Foot, nor of the Dressings, which must be accommodated to the Circumstances of the Wound, and the State of the Patient.

Although the outer Table of the Bone may not be fractured, perhaps the inner may; and in that Case, in a few Days, Symptoms will come on, in Consequence

of the Extravasation that will happen, therefore you cannot be too attentive in this Case. It is besides possible, that without any Fracture there may be a local Commotion, and that the Dura Mater may have suffered from it's Adhesion to the Cranium. I have seen it in these Cases and similar ones, come to Suppuration and kill the Patient twelve or fifteen Days after the Blow was given; though during the Time, there has not appeared any dangerous Symptom. You cannot therefore be too attentive to the least Symptoms that may appear and indicate the Necessity of trepanning the Patient.

* * See my OBSERVATIONS, Vol. I. of
a Cut with a SWORD on the CORONAL
Suture.

A MUSQUET

A MUSQUET SHOT in the ARM.

A M A N received a Musquet Shot in his Arm, the Ball of which entered the Middle and anterior Part, and went out nearly on the opposite Side. The Entrance is not exactly round, and where it went out two Holes are seen, nearly about a Finger's Breadth from one another. The Shot was fired pretty nigh, and the Bone does not appear to be broke: What should be done?

A N S W E R.

As there are two Holes where the Ball passed out, there is no Doubt but two Balls entered at the same Time, and parted before they went out. If the Balls entered at the Inside of the Arm, between the Bone and the Vessels, the Entrance must be enlarged, dividing only the Skin; for, by cutting deeper, you may perhaps open the Vessels. It is useless to introduce the Finger at the Entrance to discover the Track of the Balls, because that is known

by the Place they pass out at. Afterwards the two Holes where the Balls passed out must be laid together by an Incision, so as to make but one Wound. If they entered on the Outside, the Finger must be introduced in the same Manner to the Bottom, to open a free Communication, if possible, from the Entrance to the Exit, and to feel if one of the Balls has not touched the Bone in it's Passage, which would occasion a Contusion of the Periosteum; for the Separation of the two Balls in their Course gives Room to suspect it. The Finger being introduced will likewise discover whether some Care should not be taken, to avoid a Branch of an Artery in making the Incision I propose from one Wound to the other, through the Muscles and Fat. After this the Wound will require no more than simple Dressings, but, however, methodically. Bleeding, a Regimen, and the Position of the wounded Part, will effectually prevent the Inflammation, after the proposed Incisions are made. It may perhaps be proposed to pass a Seton from the Entrance to the Exit of the Balls, but it will

will be useleſs if the proper Inciſions are made, and the Paſſage is opened enough; nay it may be added, that it will only be an extraneous Body in the Wound.

The Contuſion of the Periosteum (if it has been ſtruck) may retard the Cure, and the Bone may poſſibly become bare in that Place. Nevertheleſs that will require no other Attention, but to dreſs the Wound with vulnerary Lotions, that it may not become carious, by the Uſe of greaſy Medicines, which Diſſectives are made of.

As it is poſſible that ſome Branch of an Artery, included within the Eſcar, may bleed when the Eſcar falls off, it will be proper to leave a Turniquet looſe upon the upper Part of the Limb; which muſt not be tightened, unleſs it ſhould happen to bleed when the Eſcar falls off, charging and inſtructing ſome Perſon in that Caſe to do it, till a Surgeon arrives.

A GUN-SHOT WOUND in the HAND.

A M A N loading his Musquet, having put in three Balls, the Powder and Wadding, fixed his Bayonet and then withdrew it; at that Instant the Shot was discharged. One Ball took off the second and third Phalanx of the Thumb, at the Articulation with the first. Another Ball in it's Passage fractured the metacarpal Bone (which sustains the Fore-Finger) in it's middle Part. The Space between these two Wounds is black, either from the Powder or the Escar. It is asked what should be done to this wounded Man, and how he should regulate his Conduct, during the Course of his Cure.

A N S W E R.

These two Wounds require different Treatment. Two Phalanges of the Thumb are shot off, and the End of the first Phalanx, or at least the Corners; consequently this Wound is to be considered
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in the same Light as when Part of the Leg has been taken off by a Cannon-Ball ; that is to say, the Bone must be amputated above the Place where the Wound is. The circular Incision being made, the End of the Bone must be sawed off with a small Saw, that it may unite to the Flesh ; this will make it a simple Wound, which must be dressed according to Art.

In regard to the other Wound which is distinct from the former, it is necessary to make an Incision at the Place where the Ball entered, and where it went out ; that the Splinters which are shivered from the metacarpal Bone may be the more easily extracted, and to cut off the Ends of the broken Bone with the cutting Forceps ; by this Method we may hope to save the Fore-Finger.

There will be no Occasion to make Scarifications on the Escar, because the Incisions will be sufficient for the Discharge from the Part, as it is not very fleshy. It is true the Fore-Finger will have no Motion, as all the Tendons belonging to it are destroyed ; but if it is kept bent during the
Time

Time of Cure, which may easily be done by a Bandage, it may be useful afterwards.

The Inflammation, if not prevented by proper Attention, may occasion Abscesses and Collections of Matter in the Hand, and along the Fore-Arm. Therefore, besides repeated Bleedings, it will be proper to apply Pultices all over the Hand, and make Use of vulnerary and resolvent Lotions. A proper Diet must be observed, and the wounded Part must be placed in a convenient Position, with such other Assistance as may be occasionally required.

As soon as the Sloughs are come away, all greasy and digestive Medicines must be left off, and only vulnerary Lotions made Use of. Spirits of Turpentine alone may be of Use to separate the membranous and tendinous Parts, the Sloughs of which are sometimes a long while falling off; but it must be used only to the Sloughs of the tendinous Parts, and not the rest of the Wound, when it is come to a good Digestion, and the Inflammation is gone off.

A MUSQUET SHOT in the ARM.

AN Officer received a Musquet Shot in the middle and anterior Part of his Arm, the Ball of which did not go through, but is felt under the Skin, pretty nearly on the opposite Side. The Humerus appears to be fractured. What should be done at Present, and what are the necessary Attentions to be observed during the Course of the Treatment.

A N S W E R.

The Arm being secured, so that the shattered Bones may not cause a new Disorder, by any Motion which the Pain from thence might Occasion, an Incision must be immediately made on the Ball where it is felt, large enough to extract it with Ease, for it will not be proper to endeavour to extract it by the Wound where it entered. *Note*, that every Ball appears at first to be set, as it were in the Flesh, like a Diamond in the Beazel of a Ring, consequently it cannot be
taken

taken hold of with the Bullet - Forceps, without doing considerable Harm to the Muscles, or even lacerating them. But this will not happen if Care is taken to loosen it with the Point of the Bistoury, and for this Purpose a sufficient Incision should be made in the Place where it is judged properest to extract the Ball, so as easily to introduce the Finger.

An Examination must then be made with the Finger what Damage the Bone has received, and a large and free Passage opened, even from the Entrance of the Shot to the Place where the Ball was lodged, in Order that the Swelling which may ensue, shall not interrupt the Communication between the two Wounds, and the Discharge of the Matter. The Skill of the Surgeon must decide whether it will be necessary to make any other Incision, to extract any Splinters separated from the Body of the Bone; for they should be extracted, by cutting the fleshy Parts whether muscular or membranous, to which they adhere, with the Scissors. If the Pieces of Bone are large and are still connected strongly to the Muscles,

Endeavours

Endeavours must be used to reduce them into their Places. With the Finger you may perhaps feel some Pieces of the Shirt or Cloaths which are held by the Points of the Bone, and if so, they should be extracted. (I suppose that the Shirt and Cloaths have been examined previously that the Search may not be unnecessary;) there may likewise be some concealed within the Flesh which cannot be sought for without doing Hurt to the Wound. It will therefore be better to let them alone because the Suppuration will bring them into the Wound, from which they may then be easily removed. (Pieces of Linen or Stuff have no Points as the Splinters of Bone have, capable of pricking the Parts where they are lodged.)

The Wound should afterwards be dressed very lightly that the Sides may not be hurt, and the Arm should be fixed it's whole Length between two Tin Plates shaped in the Form of a Boat, with Openings at the Place where the two Wounds are, that there may be no Occasion for their Removal at the Time of dressing. They should almost entirely surround the Arm, otherwise
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the shattered Bones at the least Motion of the Patient may be displaced, or rub against one another. These Plates should be fastened by two or three pretty broad Ribbands, to keep the Arm in a straight Line, but they must not be too tight.

Probably in a few Hours a Swelling of the Arm will arise, Bleedings more or less plentiful and frequent, together with a strict Diet and the Part being kept still, may either prevent or remedy this Symptom.

The first Dressings should not be removed for at least two Days without Necessity ; and in this Dressing as well as the future, the Circumstances must determine what Remedies are to be used.

Many unforeseen Symptoms may likewise arise, on account of the Shock communicated by the Shot to the whole Limb. These must be remedied by the Skill of the Surgeon.

* * * See my Treatise of GUN-SHOT
WOUNDS.

A MUSQUET SHOT in the BREAST.

A M A N has just received a Musket-Shot; one Ball entered on the right Side of the Breast, between the fourth and fifth true Ribs, and passing through the Breast came out behind, having pierced through the lower Part of the Scapula, on the same Side. We desire to know how this Wound is to be dressed? and what is to be thought of it.

A N S W E R.

This Wound is of such Consequence that there is every Thing to fear for the Patient; for the Lungs are pierced quite through. The Cure of the internal Wound is the Work of Nature, and all that Art can do, is to prevent and remove every Thing that may obstruct Nature in her Work. An Inflammation is the most to be feared, consequently it must be prevented if possible by Bleedings and other proper Remedies. It will be necessary likewise to dilate the Entrance of the Ball

by proper Incisions, to introduce the Finger and examine if there is any Fracture of the Rib, and any Splinters that prick the Pleura, for they must be drove inwards. In this Case they should be extracted, and the Parts they are retained by, whether muscular or membranous, must be divided with the Scissors. The posterior Wound must likewise be dilated by Incisions of a sufficient bigness, and the Finger afterwards introduced as far as the Scapula, which is penetrated and likewise split; and perhaps there may be some Splinters there which should be extracted. There may be also a Fracture of a Rib under the Scapula; and in this Case, the Splinters of the Bone are in the Flesh between these two Bones. Proper Incisions being made, possibly the posterior Wound may require nothing more than very simple Dressings; but it is also possible, as the Wound is very deep, that in a few Days it will be necessary to make Use of a very soft Tent, to keep the Wound open, on Account of the Wound in the Lungs; for it will be right to hinder the Muscles from swelling, and particularly the Infra-

scapularis

scapularis Muscle, lest they should cover the Bottom.

It sometimes happens that some Splinters being separated from the Rib and lost, some Months afterwards new Incisions are obliged to be made, in order to extract them, or facilitate their coming away. They at that Time form Abscesses, and may discharge along with the Matter. Of this it is frequently right to inform the Patient, as he may imagine that after the first Incisions there is nothing more to be done. It will likewise be necessary in the Course of the Dressings, to observe whether any of the Matter insinuates between the Musculus dorsi communis and the Ribs; for it has been sometimes known, that the Aponeurosis of that Muscle, being separated from the Ribs and the intercostal Muscles, by the Abundance of Matter, has dissolved the whole cellular Membrane, which is connected to these Parts, and forming a Collection of Matter lower down, has made an Incision there necessary.

A MUSQUET-SHOT on the BREAST.

A M A N received a Wound by a Musquet-Ball, which entered the right Side, seven or eight Fingers Breadth from the Cartilago Xiphoides, and passed out six or seven Inches Distance from it's Entrance, towards the lateral and posterior Part, without entering into the Thorax. The Entrance and Exit of the Ball have been dilated by two Incisions, and some Days passed without any bad Symptoms. But a Fever is now come on, the Lungs are inflamed, and there is a frequent Cough. Bleeding, strict Diet, and other proper Remedies, have not at all diminished these Symptoms; they even increase. What do you think more should be done? The whole Course of the Wound is swelled and painful.

ANSWER.

ANSWER.

From the Symptoms that have arose, there is Reason to believe that the Wound is not so simple as it appeared at first, and I am very fearful that either the sixth or seventh Rib has been struck and broken; in which Case the Points of the Bone that are separated and drove inwards, either have lacerated the Pleura, or prick it. This alone is capable of producing all the above Symptoms, and causing a Suppuration in the Thorax.

It is not unlikely but you may discover the Place where the Rib has been struck, either by the Pain from the Pressure of the Finger, or by feeling with it all along the Rib; supposing that to be the Case, it will be absolutely necessary to make an Incision in that Place, of a sufficient Extent to discover all the Injury, and at the same Time to remove any Points or Splinters of Bones that may be there. This will be performing the Operation of the Empyema, that is, making an Opening by which one may

discover all that has been done by the Shot, and likewise what is the State of the Disorder in the Thorax. But it is the only Method to prevent the Death of the Patient, which without this is almost inevitable.

I do not speak of the Regimen nor of the Dressings; the State of the Patient, which I believe to be such as I have mentioned, will indicate both to the Surgeon, who after the Operation I have proposed, must dress it according to Art, and the Circumstances that occur when he knows the Cause of the Illness.

The EVENT.

I have been informed that there was no Operation performed, and that the Patient died some Time after.

A MUSQUET.

A MUSQUET-SHOT in the FOOT.

A MAN received a Musquet-Shot in the Foot, the two Balls of which, striking below the Malleolus externus, without touching it, penetrated through the Tarsus, below it's Articulation with the Leg, and went out on the opposite Side, without touching the Malleolus internus. What do you think of this Wound? And what ought to be done?

A N S W E R.

Several of the tarsal Bones are broke, and their aponeurotic Adhesions are lacerated. It is impossible to make an Incision in the Teguments to the Bottom of this Wound, on Account of the Contiguity of these Bones which touch one another, and are connected by aponeurotic Parts; from hence in all probability in a short Time several Symptoms will arise, as an acute Fever, a Tension of the whole Foot and Leg.

with Swelling, severe Pain, Convulsions, Inflammations, &c.

There is only one Method to be taken to prevent these Symptoms, and save the Patient's Life; that is, to immediately amputate the Leg. If the Symptoms begin to appear, particularly the Convulsions, the others will soon follow, and will increase so fast, that the Success of the Operation will become very doubtful. If it could even be done upon the Spot where the Hurt was received, it would be so much the better; for in the Removal, the wounded Bones will rub more or less against one another, whatever Care may be taken; and the Extension of the aponeurotic Parts which connect them together, will accelerate the coming on of the Convulsions.

For one or two Patients that perhaps have been saved in a parallel or similar Case without Amputation, so many others die, because some have imagined they could save the Leg, that it may be laid down as a Rule never to attempt it.

A MUSQUET-SHOT on the SINUS
FRONTALIS.

A MAN received a Musquet-Shot on the Sinus Frontalis, and the Ball has penetrated into this Sinus, as is easily perceived with the Finger, besides the Bottom of the Sinus feels very unequal. The wounded Man lost his Senses immediately and fell, but came to himself in a quarter of an Hour. What Prognostic is there to be made according to the different Circumstances resulting from the Wound? and what should be done in Consequence of them?

ANSWER.

The Bone having given way to the Shot, it is not to be wondered at, that the Commotion of the Brain has been so slight, notwithstanding the Violence of the Stroke and the Reason there is to believe that all the Hurt is confined to the wounded Part. Nevertheless the Ball is not yet found, and
it

it is uncertain whether or not it has entered into the Cranium by piercing the posteriour Part of the Sinus. (The late *Monf. Maréchal*, first Surgeon to the King, told me as well as many others, that he had seen an Officer wounded in the Forehead with a Musquet Shot, the Ball of which entered into the Skull and was lost; that nevertheless he was cured, and dying a Year afterwards, the Ball was found in the Brain near the Sella Turcica.) Supposing in the Case before us the Ball has entered the Skull, the Bottom of the Sinus being pretty thin, the Fracture is radiated from the Center; and the Pieces still adhering to the Dura Mater at their Basis, have been lifted up and replaced by the Motion of the Brain, but though this may be the Case yet nevertheless the Dura and Pia Mater must be lacerated.

The Surgeon should at least inform himself by feeling whether or not the Bottom of the Sinus remains whole; if it is, he will certainly not be able to discover the Motion of the Brain, whereas on the contrary if it is broke, he will. Whether the Ball has entered or not he should make an
Incision

Incision of one Kind or other, to discover the Mischief and remove the Splinters. If the Bottom of the Sinus is fractured, and it is impracticable to remove any of the Pieces, it may perhaps be necessary immediately to apply the Crown of the Trepan, for certainly either there is Blood extravasated on the Dura Mater, or there will be soon. If the Thing is doubtful, you must wait till some Sign of an Extravasation appears. The Wound must be afterwards dressed according to Art.

As the posterior Part of the Sinus is pretty unequal on that Side of the Cavity, these Inequalities may deceive the Surgeon and make him believe there is a Fracture. He should be cautious of this Mistake, and the Application of the Finger will inform him, by pressing strong enough with it to make the Pieces of Bones give way a little if they are fractured, and feeling the Motion of the Brain.

All the Circumstances I have mentioned, that is to say, the different Disorders that may be produced by the Stroke, either in the Wound or in the whole Oeconomy of
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the Machine, will regulate the Prognostic and the Method of dressing, Bleedings in the Arm and Foot, with an exact Regimen, must not be neglected, no more than such other Assistance as the various Disorders produced by the Stroke and the Commotion of the Brain may require,

A CANNON-SHOT on the ARM and the
BREAST.

A MAN received a Cannon-Shot, which passed between his Body and Arm, and struck them both at the same Time. The Humerus is not broke, but Part of the fleshy Belly of the Biceps Muscle seems to be carried away, without any of the large Vessels being touched, and a Part of the great pectoral Muscle seems likewise to be taken off along with the Skin and Fat which cover it. These two Wounds are of an irregular Figure, that of the Breast is about four or five Inches in Diameter. The whole is full of Sloughs and as it were
mashed,

mashed, consequently the Contusion is very great. This is accompanied with a great Difficulty of breathing, and a Spitting of Blood, which Symptoms came on in a very short Time after the Blow was received. It does not appear that the Ribs are touched. How should this Wound be dressed? and what do you think of it?

A N S W E R.

The Laceration, the Escar, and the Contusion which accompany these two Wounds demand a great deal of Attention; but the whole State of the Body likewise requires as much, on Account of the general and particular Commotion, which has occasioned the Difficulty of breathing and spitting of Blood. The Difficulty which the Blood finds in passing through all the Parts which are loaded with Escars, requires their being scarified to empty all the neighbouring Parts. At the second Dressing it will be proper to use warm Digestives, to preserve the Elasticity of the Vessels, to revive if possible the Motion of the stagnated

nated Fluids, and to cause the Escars to separate as soon as possible; the Dressings must be covered all over with resolvent Cataplasms, which must be carefully renewed, to keep up a proper Heat in the Part. To prevent the Necessity of renewing the Dressings, every Time the Cataplasms are changed they should be put between two Pieces of Linen, one of which should be very fine, and be placed next the Lint spread with the Medicine. Though there is neither Fracture of the Ribs, nor of the Arm, this Wound is very dangerous, because of the Contusion which extends perhaps to the Inside of the Thorax, of which the Spitting of Blood is a Kind of Proof. Bleedings must not be neglected, nor a Regimen, with Quiet, and such Evacuations as the different Circumstances may require, which must be proportioned to the Strength of the Patient, to the Symptoms that may come on, and the Condition of the Wound.

As on the falling off of the Escar, some Vessel more or less considerable may happen to bleed, it will be prudent to leave on the upper Part of the Arm a Turniquet, ready to

to be tightened if necessary. The two Wounds of themselves require no more than regular Dressings. If on the separating of the Escars, either on the Arm or the Breast, there should happen any Hæmorrhage, it must be stopped, either by tying the Artery or by some styptic Water, according to the Flux of Blood from the Vessel.

An ARM taken off by a CANNON-SHOT.

A MAN received a Cannon-Shot, which took off his Wrist at the Joint; consequently the Radius and Cubitus had their Extremities broke off.

Another Man received a Shot which took off the lower Part of the Fore-Arm, three Fingers breadth above the Joint of the Wrist.

Another received a Shot which carried off the Fore-Arm, two Fingers breadth below the Articulation with the Humerus.

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In all these Wounds, as the Muscles were very much contused, and the Bones broken off irregularly, there is no doubt of the Necessity of amputating them, but whereabouts should it be performed?

A N S W E R.

In the first Patient, as the Bone was not shattered but only it's Corners broke off, there seems to be no Occasion for Amputation. If only the Bone was Hurt, an Exfoliation might be procured without an Amputation, but the Muscles are contused, several Tendons lacerated, and the annular Ligament torn off.

Therefore Amputation must be performed three or four Fingers breadth above the Place where the Limb was taken off; the properest Place for which must be determined by Inspection.

As to the second Patient, the Fore-Arm may also be amputated below the Elbow; because as the Bones are fractured in the middle, there is Reason to believe the Articulation

culatation of the upper and lower Arm has not suffered much by the Shock.

The third Patient's Case is different ; the Bone has been struck above it's middle Part, and so near the Articulation with the upper Arm, as to make one conclude, according to the Laws of Motion, that the Shock has been communicated to the Capsula which fixes and connects the Bones of the lower Arm to the Humerus.

Repeated Experience confirms this Practice. How often has the Articulation been known to inflame, and the Suppuration stop in Consequence? which has obliged the Surgeon to amputate above the Articulation, or the Patient die in a few Days, being attacked by a Croud of Symptoms, all occasioned by a total Inflammation of the aponeurotic Parts that invest and connect that Articulation.

Swelling and Inflammation being much slower in going off in aponeurotic Parts than in muscular ones, we cannot be too much on our Guard against their happening.

In a similar Case to the third, where Amputation happens to be performed below the Elbow, because there is Room for it, in Case a Swelling of the Articulation should come on afterwards, there should be no Delay in amputating it above the Elbow.

A SPRAINED FOOT.

A WOMAN very fat and very big with Child, within these twenty-four Hours received a violent Sprain of her Foot. She immediately rubbed it with Oil and Wine, and afterwards covered it with Cloths dipped in these two Liquors. Two Hours after the Accident, the whole Foot swelled and became very painful. A Fever is come on, and you are consulted next Day; What could produce so sudden a Tumour and Swelling? What ought to have been done at first? And what should be done now?

ANSWER.

A N S W E R.

It is impossible to have so considerable a Sprain as this is, without the Capsula of the Joint, the Ligaments and the Tendons which surround it, having suffered a violent Extension; and this could not be done, without several of the aponeurotic Fibres, the small Blood-Vessels, and others, being ruptured: The Swelling followed in Consequence. Besides there could be no Rupture of these Vessels without an Extravasion of Fluids, according to the Nature of the Vessels from whence they issue, their Number and Diameter.

The Method which ought to have been taken at first, was to have strengthened the Vessels by some astringent Application instead of the Oil which was applied, which could only relax. It is not yet too late to do this. The best Defensative to be made use of in the like Case, as well as in other considerable Bruises, is the White of an Egg beat up with a little Vinegar and a sufficient Quantity of Bole Armenic, in very fine Powder, mixed together to a pretty thick Consistence, spread upon Cloth and

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applied

applied to the Limb. In Case of Necessity, the Want of this may be supplied by pretty thick Compresses, dipped in Water impregnated with Salt and strongly pressed out; (if the Part is covered with Hair, it should be shaved before this Application.) These Applications as they grow dry will harden and insensibly compress all the Part, which will be productive of two good Effects. By their Hardness, in Proportion as they dry, they will support the Resistance of the Vessels, which most commonly is lost; and the gradual Compression made by their drying over the whole Part, will insensibly diffuse the Blood and Lymph (which are extravasated) to a Distance from the ruptured Vessels; in Consequence you will see in four and twenty Hours the Ecchymosis spreading itself over the whole Length of the Limb, both above and below the contused Part. And what can more expeditiously produce a Re-union of all the ruptured Vessels, than what will disperse the Blood, which being once coagulated, becomes an extraneous Body placed exactly at their Mouths. The Patient should after
this

this be bled twice or oftener on the Day following.

In about twenty-four or thirty-six Hours, it will be proper to remove the Defenfative, which should be grown very stiff, and substitute such Resolvents as are most capable of warming the Fluids which are infiltrated over the whole Member, in order to hasten the Resolution. These Resolvents should be a Decoction of Elder-Flowers, or other Plants of the same Kind, with which the Part should be fomented twice a Day, for so long a Time as to warm the Part thoroughly ; and Compresses afterwards should be dipped in the Decoction, and applied all over the Part after fomenting it. Embrocations with Oil of Lilies or Camomile, which are frequently made use of, only serve to stop up the Pores : Aqua Vitæ, or a warm aromatic Wine, in short all that can accelerate the Resolution of the extravasated Fluids, agree much better with it, and should be made use of.

After so considerable a Sprain or Contusion, the Patient may be two or three Months before she is perfectly cured ; that

is to say, before she will have the free Use of her Leg, because the Muscles of the Thigh, and particularly those of the Foot, will have lost their Use during the Time of rest, and because there will be a Number of small Cicatrices all round the Articulation of the Foot under the Skin, which will contract the Parts and obstruct the Flexion and Extension. (The Cicatrices are the Reunion of all the Fibres that have been ruptured.) It will therefore be insensibly and in an uncertain Time that the Articulation of the Foot will recover the free Use of all it's Motions. Probably it will also swell every Night for some Time, the Circulation as yet not being perfectly restored.

A FINGER nearly CUT OFF.

A COOK holding a pointed Knife with a very sharp Edge, by Accident cut his Fore-Finger almost off. The Point of the Knife at once penetrated through the Inside of the Hand, the Capsula of the Joint

Joint of that Finger, with the metacarpal Bone that sustains it ; and the Edge being turned towards the Thumb, all the Part between the Edge and the Thumb was divided in such Manner, that the Finger was held on only by a small Part of the Capsula and the Skin on the Side of the Middle-Finger. The Finger hanging in this Manner, he came and desired me to cut it off. What ought to be done on this Occasion ?

A N S W E R.

As the Finger is not entirely cut off, great Care must be taken to save it, and Endeavours should be used to procure it's Re-union as soon as possible, although the Capsula is not only wounded but even above half divided.

Some dry Sutures will be sufficient for that Purpose, and Nature must do the rest, assisted by proper Dressings, and the Part being kept perfectly still. The Skin therefore must be kept together by the dry Sutures, and the Finger fixed in it's Place for several Days by Pasteboard Splints, the

whole kept on by a Roller, put on in such Manner that the Finger should be half bent, which is most commonly it's Position. It is true the flexor and extensor Tendons being both cut, the Finger will have no Motion; but after it is cured, if Care is taken to keep it bent for a Fortnight, it will always remain so, and it will not only be without Inconvenience, but sometimes of Use, and without any Deformity. I have known a Wound of the same kind perfectly re-united in three Days, by the Care I took to bring the divided Parts exactly together, and keeping them confined in the Manner beforementioned.

A PAIN in the HEAD.

A LADY, five and forty Years of Age, has for several Years complained of almost continual Pains in her Head, which frequently increased, and became so violent as to occasion Want of Sleep, Fever, and Convulsions; and also
made

made her often irregular in her *Menses*. This coinciding with her Time of Life, is the Reason that they have now entirely ceased. She has no Remembrance of any Blow, yet upon examining a Place she points to, where the Pain has mostly been, we can feel it œdematous, and upon Pressure the Pain is augmented. What can be the Cause of this Disorder? And how is it to be remedied?

A N S W E R.

It is not impossible but the Time being near when her *Menses* were to cease, was the Origin of the present Disorder; most certainly there is some local Disorder where it is œdematous, and I conclude from thence that the aponeurotic Expansion is certainly injured, and very probably the Pericranium also in the same Place.

These Complaints cannot be removed, without making either a crucial Incision, or one of another Form, and laying the Bone bare in the same Manner as if the Trepan was to be applied. I have in similar Cases
often

often known the Pains go off entirely, as soon as the Wound came to Suppuration. The Bone will afterwards exfoliate either perceptibly or imperceptibly.

This Disorder in Time might become very considerable ; for whatever is diffused under the Pericranium, or between that and the aponeurotic Expansion, might so injure the Parts as to bring on a Putrefaction, and in that Case the Cranium would certainly become foul.

We have often known local Pains occasioned by a Caries of the Bone, and in that Case, there has probably been a Virus of some Kind or other, which has been the Cause of the Caries. If it's Nature and Character can be discovered, Endeavours should be used to correct it, independently of the local Disorder, otherwise it will only increase. When the Incision is made, if the Bone is found carious, as it has been sometimes, an Exfoliation must be procured by such Means as are directed by Art, and perhaps there may be Occasion for the Use of the Trepan. But the Extent and Depth of the Caries must determine that.

PAIN

PAIN *in* MAKING WATER.

A MAN forty Years of Age, about four Years ago, was seized with a Difficulty in making Water, although he wanted very much to do it; he took some diuretic Medicines, and in about three Days the Urine discharged with great Impetuosity, seconded by the Efforts he continually made. It is proper to observe that he had often voided Gravel in his Urine, however he voided none at this Time, nor has voided any since. A Month after he felt between the Scrotum and the Anus, near the Neck of the Bladder, a pungent Pain, which hindered him from walking, and his Water appeared bloody every Time he made it. These Pains have gradually increased, and are become almost insupportable, notwithstanding the Use of many Remedies, as Diuretics, Baths, Bleedings, Emulsions and others. He continues to make Water with a great deal of Difficulty, lying or standing; and every Time the Penis swells and is very hard. His Water, which

at

at first was thick, whitish, and left a white Sediment at the Bottom of the Pot, is now very mucous. The Patient can neither stir nor walk. What do you think of this Disorder?

A N S W E R.

All these Symptoms denote that there is a Stone lodged in the Urethra, between it's Bulb and the Neck of the Bladder. 1. The Patient has often voided Gravel, and it is probable there was a small Stone engaged in the Neck of the Bladder, which caused the first Difficulty in making Water; this small Stone having disengaged itself from the Neck of the Bladder, the Urine necessarily discharged itself with Impetuosity; but if this Stone has since remained fixed lower down in the membranous Part of the Urethra, some Angle of it may have made an Excoriation, which occasioned the Blood that came away with the Urine, and may still come away at Times. 2. The Stone making the Passage less free, the Patient is obliged to increase his Efforts, and the Irritation

tation occasioned by that, is the Cause of the Swelling and Tension of the Penis.

3. The continual Irritation of the Passage being communicated to the Bladder, the Urine in Course becomes uneasy to it. 4. The Symptoms must necessarily augment every Day, because what at first was only a Bit of the Gravel, is now become a Stone, and being enlarged, probably reaches into the Neck of the Bladder, which it partly stops up.

Who knows but there may also be other Gravel and Stones in the Bladder, as none have come away since. When a Stone is there, the Urine generally becomes mucous when it is cold, as this is.

The introducing of the Catheter will inform us of the State of the Disease, and I make no Doubt but it will meet with a Stone which will obstruct it's Entrance into the Bladder.

The SURGEON's ACCOUNT *of* *the* STATE *of*
the DISEASE.

I searched the Patient, and felt a Stone which would not permit the Sound to enter into the Bladder, for it lay just at the Neck. There is no Doubt but it must be removed by an Operation, as it cannot pass through the Urethra. What are the Attentions we should observe in performing it?

A N S W E R.

The same Method must be observed in extracting it as I have described in my Treatise of Operations, printed in 1742.

It will be necessary likewise after the Stone is extracted to introduce a Staff into the Bladder, to know if there is any other Stone, in order to remove that immediately; for it would be a melancholy Affair to have the Patient undergo another Operation some Time after.

There

There is great Reason to fear the Wound will remain fistulous, on Account of the Urethra's being dilated by the Stone, in the Place where it lodged, but this ought not to be imputed to the Fault of the Surgeon. A remarkable Example of which is to be seen in my Treatise of Chirurgical Observations.

Supposing that the Stone should have extended into the Neck of the Bladder, as I have known in a similar Case, the Patient may be troubled for a long Time after the Wound is healed with an Incontinence of Urine, and it must be left to Nature to contract the Neck of the Bladder, as Art can do nothing ; and the Wound may remain fistulous if Nature does not close it. As the Neck was gradually dilated and continues so, it must recover it's Power of Contraction imperceptibly, consequently the Incontinence of Urine will continue some Time.

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A small STONE in the URINARY BLADDER.

A MAN between forty and fifty has had slight nephritic Pains for some Time past, in which he has voided some Gravel. About four Days ago he voided with his Urine (not without Pain) two Stones, unequal, and large as a middling Pea; to all Appearance there are more in the Bladder, for when he makes Water, by the Time he has made half a Glass-full, it stops; but his Desire of making Water continues, and he then feels a slight pricking at the Neck of the Bladder, as well as at the End of the Penis.

In a few Moments he makes Water easily, and then the Urine stops again. He fears (with Reason) that if another small Stone should grow larger in the Bladder, he shall be obliged at last to be cut, and he has Recourse to your Advice.

Is there any other Method, besides a surgical Operation, by which this Gravel or small Stone may be discharged, before it's Bulk is increased.

ANSWER.

A N S W E R.

He may attempt one, which perhaps will succeed; but I cannot promise Success, as the Size of the Stone is unknown. It is true that at present it does not cause the same Pains that one of a middling Size might occasion, by it's Bigness and Weight at the Neck of the Bladder; but they may come on, if the Stone grows bigger, as will certainly happen in Time.

The two small Stones which the Patient has passed, would not have come away if they had not been proportioned to the Diameter of the Neck of the Bladder, and the Reason that the other remains is, that probably it is larger. I know therefore of but one Way that can be tried without Danger, and that is to enlarge the Passage through which it must pass to be discharged.

The Neck of the Bladder is always closed by it's Sphincter, and will not permit the Urine to pass, but only when the Contraction of all the muscular Fibres which surround it's Body tend to contract it's Ca-

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vity.

vity. At that Time the Urine itself distends the Sides of the Neck, and opens it for a Passage. *Qua data porta, ruit.*

If the Urine can in this Manner distend the Sides of the Bladder, notwithstanding it's Sphincter, perhaps it may be possible to open and distend the Neck still more than it is. This should be attempted by the Use of Bougies, well made of Linen or Taffety, waxed and rolled, of the same Sort as those we make use of in Disorders of the Urethra contracted by some Disease; and such as I have sometimes made use of in Suppressions of Urine, to facilitate the Introduction of the Catheter. This Method must be attempted very cautiously, every Day gradually increasing the Size of the Bougies, that no Harm may be done to the Neck of the Bladder and the Urethra. When you are able to introduce a pretty large Bougie, you must begin by making the Patient urinate, and then introduce it so far as that the End must enter the Bladder; he should afterwards drink three or four Glasses of some diuretic Liquor, as Tea, or any other, in order to fill the Bladder.

When

When he feels a great Inclination to make Water, he must place himself on his Knees, his Body a little inclined forwards, so that the Neck of the Bladder may be placed exactly downwards. By this Posture the small Stone must naturally fall to the Neck of the Bladder. Then withdrawing the Bougie, the Urine will issue out immediately with Rapidity, and may bring the Stone away with it, as we see a pretty strong Stream carry away the small Stones with it in it's Current. The Increase of the Size of the Bougies ought to be made, if possible, without giving any Uneasiness to the Neck of the Bladder and the Urethra. Supposing a Bougie of a moderate Size to have been introduced two or three Days successively, and that the small Stone does not come away notwithstanding the prescribed Directions, in all probability the Stone (though small) is too big for the Diameter of the Neck of the Bladder.

In 1744 I saw this Practice succeed in a Patient who was in the like Situation. I introduced Bougies into his Urethra for twelve Days successively, every Day aug-

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menting

menting the Size. He was obliged to go into the Country, where he continued to introduce them himself. On the fifth Day he passed a small Stone, which was of the Size of a very large Pea. The largest Bougies are about a third of an Inch in Diameter, at the End which distends the Neck of the Bladder, doubtless the Urethra and Neck of the Bladder gradually yielded to such a Dilatation.

We have Reason to be well satisfied, when, by so simple a Method, we are able to save a Patient from so dangerous an Operation as that for the Stone.

For this, the Stone must still be very small, for the Neck of the Bladder will not admit of being dilated beyond a certain Point, which is difficult to determine.

PAIN *in* MAKING WATER.

A MAN five and forty Years old feels very acute Pains at the Time he is making Water. It comes away in a full Stream, so that there is no Reason to suspect any Disorder in the Neck of the Bladder nor the Urethra ; and probably there is a Stone in the Bladder, which is the more likely, as the Patient has been cut for the Stone twice in his Life. He has been searched several Times in different Positions, and with Sounds of different Curvatures, without finding the Stone ; at last one was thought to be felt so plain, as to leave no Doubt of it's Reality. But it was only for a few Moments, so that the Sound could not be fixed on the Hardness which was distinguishable. From thence it is inferred, that it is very small, and changes it's Place by the different Contractions of the muscular Fibres of the Bladder. But astonished that so small a Stone causes such continual Pains, and so acute as they are, the Patient has been questioned concerning

every Thing that has preceded, and this is what he says.

1. It is more than a Year since he first perceived very slight Pains in the Region of the Bladder, at the least Effort he made in going to Stool, or making Water.

2. About two Months ago, sitting down one Day, he felt an extream acute Pain on the left Side, and having at the same Time a great Inclination to make Water, he suffered greatly in making it, and his Urine was tinged with Blood. He says he has never had the like happen since.

3. He has ever since perceived a fixed Pain in these Places, and something that seems to lie across.

4. He has not those frequent Inclinations to make Water, that he experienced when he had the Stone formerly; but he is obliged to lie down on his right Side to make Water, not being able to do it in any other Position, without suffering the most acute Pains.

Having no Doubt of his having a Stone, I cut the Patient, but when the Forceps were introduced into the Bladder, I could

not

not feel any: However, searching with the Sound, I felt a fixed Point of a Stone on the left Side, but could neither lay hold of it, nor change it's Situation. I contented myself therefore for the present with placing a Canula in the Wound, and put the Patient to Bed. The Point of the Stone seems to be about an Inch more or less beyond the Neck of the Bladder. What are we to think of this Disorder? And what ought to be done?

A N S W E R.

As the stony Point which is felt in the Bladder cannot change it's Place, and as the Stone, though small to Appearance, does not present itself at the Neck of the Bladder when the Patient makes Water, it must be owing to it's being confined in some Cavity. No Doubt but there is one of a greater or lesser Magnitude, which is inclosed in some Cell, and according to what the Patient has mentioned of his Pains, and his Manner of making Water, there is Reason to believe it is situated at the Extremity

of the left Ureter ; and as it may be at it's Opening into the Bladder that it is felt with the Staff, being hitherto almost entirely inclosed there, possibly a small Portion of it may have projected into the Bladder.

Several Things give Reason to think so.

1. The Immoveableness of the stony Point ;
2. It's Situation ; 3. The Pain which the Patient has felt for a Year past, and which he still feels in making Water ; 4. The acute Pain the Patient has felt for a Year in sitting down ; 5. The Blood which was at that Time observed in the Urine, and could only be occasioned by the End of the Stone, that, forcing it's Way through the narrow Passage it found at the Opening of the Ureter into the Bladder, has lacerated some of the membranous Fibres in it's Passage ; 6. and lastly, By the Substance which the Patient seems to feel, placed as it were across, and the Necessity he is under to lie on the right Side to make Water ; for that can only happen from the Weight of the Contents of the Abdomen being pushed by the Contraction of the Muscles, and pressing on the Sides of the Ureter in the Place where
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the Stone is lodged when he lies on his left Side.

From all this we may conclude, there is a Stone fixed in the Ureter; therefore, without thinking of extracting it at present, as the Forceps cannot lay hold of it, we must endeavour to keep the Passage open till it can be taken hold of. Probably with the Use of emollient Injections, frequently made into the Bladder, we may relax the Socket which retains it. If at any Time it should project farther into the Bladder, it may be taken hold of and extracted. When such Symptoms as abovementioned occur, or similar ones, we may always suspect there is a Stone lodged in some Part of the Bladder, though we cannot feel it with the Sound when we search the Patient.

*The SURGEON'S ACCOUNT of the SEQUEL of
the DISEASE.*

I know well that when the Point of a Stone can be felt, the Wound ought to be kept sufficiently open with a Canula, in Order to throw up Injections, and remove
the

the Stone when it projects farther into the Bladder. But by Experience we learn, that these Sorts of Wounds more than others, contract by Degrees in Spite of us, by the closing of the Patient's Thighs, and likewise naturally.

It is also frequently necessary to remove the Canula, either to clean it, to arm it anew with Lint or Medicines, or even to change it; and it is often very difficult to replace, without putting the Patient to a good deal of Pain; that besides there is Danger of making the Wound bleed, or causing an Inflammation. But a Month or two may elapse before the Stone projects farther into the Bladder. What Method then ought to be taken to keep the Wound open so long a Time, without it's contracting, making the Patient suffer, or occasioning any Accident.

A N S W E R.

The constant Use of Cat-gut may be of great Service. As soon as the Wound begins to contract, the Canula must be laid aside,

aside, and the Cat-guts made use of. The
 largest should be chosen, such as they make
 use of for the Violincello or double Bass.
 They should be cut of such a Length, that
 one End should reach to the Point of the
 Stone, and the other be without the Edge
 of the Wound in Perinæo. They should
 be very smooth, rounded off at the Ends
 with a File, and each separately fasten-
 ed to a Thread, to prevent their being
 lost in the Bladder, and to draw them out
 with. They should be put in one after an-
 other, and so many of them as will fill the
 Wound; besides these, a small leaden Ca-
 nula, of the same Size as the Cat-guts,
 (or nearly so) should be placed to facilitate
 the Discharge of the Urine, as the Swell-
 ing of the Cat-gut from the Humidity of
 the Wound might otherwise obstruct it.
 These Cat-guts being introduced perfectly
 dry, grow soft with the Moisture, swell to
 double their Size, and thus dilate the
 Wound we would keep open, without ei-
 ther Pain or Trouble to the Patient. They
 should be removed every Night and Morn-
 ing, one after another, to throw up proper
 Injections,

Injectiōns, in order to relax the Socket wherein the Stone is lodged; and afterwards other Cat-guts put in their Places, with the leaden Canula.

At Times the Staff or a female Catheter should be introduced into the Bladder, to examine the Position of the Stone; and if it projects enough, it should be extracted with a Pair of long small Forceps, for the common Forceps for extracting a Stone will not do. When it is done with the necessary Care, you must proceed immediately to the Cure of the Wound by such Methods as are indicated. Being once in a like Situation with a Patient, I made use of Cat-gut, and by that Means kept the Wound open for seven Weeks, at the End of which Time I extracted a Stone which was confined in the Ureter without Difficulty. It was two Inches and a half long, pretty thick at one End, but very small at the End which came into the Bladder, and did not project above a third of an Inch. It may be seen engraved on a Plate in my Treatise of Operations, printed in 1742.

PAIN

THE PROPERTY
OF THE
NEW YORK
SOCIETY LIBRARY

PAIN *in* MAKING WATER.

A M A N fifty-five Years of Age, who had been troubled at different Times with Suppressions of Urine, pretty frequent though slight, which were the Consequence of several Claps he had when he was young, made use of medicated Bougies during two Months, and then left them off. These slight Complaints returning, he again made use of them sometimes. About six or seven Years after, feeling again great Heat of Urine, accompanied with acute Pains, he returned to the Use of the Bougies ; but being attacked with a Fever was obliged to desist. This continued obstinate for six Weeks, notwithstanding his being bled six or seven Times, purged, and the Use of other Remedies proper for his Disorder. At last the Pains are become more violent, with an insupportable Tension of the Bladder. These Pains have contributed to increase the Fever, and it's Returns have aggravated the Disease at the Neck of the Bladder in such Manner, that the Patient

now

now voids his Urine only by Drops. A Bougie introduced into the Bladder procures with Ease, on withdrawing it, a speedy Discharge of Urine, without entirely emptying the Bladder; but it cannot be left in, on Account of the great Pain it occasions, and the Dysury being very frequent, he is forced to replace it every quarter of an Hour. The Surgeon has attempted to introduce the Catheter into the Bladder, but could not do it. He desires your Opinion of this Disorder. What ought to be done either to relieve or cure the Patient?

A N S W E R.

There is most certainly a Phlogosis or Inflammation at the Neck of the Bladder, which probably may be the Forerunner of an Abscess in the neighbouring Parts, or perhaps there may be an Ulcer even in the Neck of the Bladder. This is what makes it impossible to bear the Continuance of the Bougie in the Urethra, and perhaps would the Continuance of the Catheter if it could be introduced. This is also probably the Cause

Cause of the Tenesmus of the Bladder. Who knows but there may be a Stone there, either in a Cyst or loose, or that the Bladder may be grown callous. All this is possible.

There is only one chirurgical Operation well performed that can remedy these Symptoms, which would otherwise soon destroy the Patient.

By this a more or less abundant Suppuration will be procured to all the diseased Parts, capable of relieving them; and by this there will be made a free and easy Discharge for the Urine. This Operation, which is called making the Button-hole, consists in making the same Incision in the Perinæum as in the lateral Operation for the Stone, that is, to divide the Urethra and the Neck of the Bladder, and introduce into the Wound a small Canula, one End of which should be in the Wound at the Edge of the Skin of the Perinæum; and the other in the Bladder, about an Inch beyond the Neck. Some Operators only dilate and extend the Neck of the Bladder a little with the Finger forcibly introduced,

as they formerly did in the Operation for the Stone by the great Apparatus. I do not approve of this Method for good Reasons. The first is, that if there should be an Abscess near the Neck of the Bladder, or in the Prostate, we shall not open that also. The second is, that during the first twenty-four Hours, the Canula is fixed as it were in a Vice, because the Neck contracts of itself, as all Sphincters continually do if they have not lost their Power of Contraction; in Consequence the Patient suffers greatly, every Time the Bladder contracts itself to expel the Urine. The Canula therefore ought not to be confined. The Incision of the Neck of the Prostate which I prefer, being made, if there is felt any Fluctuation of Matter in an Abscess which has not been opened by the Bistoury, it should be opened by a second Incision.

The Wound must be dressed as that of the Operation of Lithotomy, and the Canula is not to be removed during the Suppuration, but only for cleaning and new arming it, or to put in another of a smaller Size,

Size, in Case the Bigness of the first should be troublesome to the Patient.

I do not speak of Bleedings and other Remedies, which may become necessary, according as Circumstances require.

There have been many Patients, on whom this Operation has been performed for no other Purpose but to give a free Issue to the Urine, in whom after their Deaths have been found one or more Stones, of a pretty large Size, in the Bladder, which there has even been no Suspicion of, and which to all Appearance have occasioned the Pains. It is therefore necessary in these Cases, where the Complaint at the Neck of the Bladder alone occasions the Operation, to introduce the Staff into the Neck of the Bladder, before you put in the Canula, in order to extract the Stone, if there is one, either in a Cyst or otherwise, or to do it a few Days afterwards, if there are good Reasons for deferring it till then. Without this the Wound will not heal, or if the Patient should live, will remain fistulous.

Perhaps it may be asked how we are to know when a Stone is inclosed in a kind of

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Cyst,

Cyst, formed by the Bladder, and how we are to get it out. The Way I learned it was this; I performed the Operation for the Stone on a Child of five Years old, and I felt a Stone with the Forceps, the End of which I could only touch, and could get no Hold of. This made me conclude that Part of it was confined. I therefore withdrew the Forceps, and introduced my Finger into the Bladder, (I could put it very far in on Account of the Patient's Age) but could feel only one Part of the Stone, the other Part being as it were encompassed with Flesh. It was near the Bottom of the Bladder, a little on the left Side.

By the Help of my Finger I removed it from it's Cell, afterwards introduced Forceps of a proper Size, and extracted it.

A Fortnight afterwards I cut a Man of a large Size, fifty Years of Age, who had been Prince *Eugene's* Secretary.

The Incision being made, and sufficiently large, I introduced the Forceps into the Bladder, and having taken hold of the End of a Stone, which appeared to me to be very large, I could not raise the Teeth of
the

the Forceps up the whole Length of the Stone, without feeling that I could not avoid taking hold of the Bladder along with it. What I had felt and found a Fortnight before with my Finger, in the Child I before mentioned, made me judge that this large Stone was confined in a Cyst, formed of the Bladder itself. I therefore, instead of endeavouring to extract it, thought it necessary to try to disengage it. I took pretty fast hold of it by the End which projected, and turned it gently in it's kind of Case, to disengage some of it's Inequalities which might have fastened it; and as soon as I perceived that it turned about easily, I drew it gradually towards me. I then moved the Forceps so as to get hold of the whole Length of the Stone, and continued to turn it in it's Cyst, and then drew it out a little farther. I pursued the same Method a third Time, and entirely disengaged it. When it was in the Bladder I discovered it's Bigness, and judging of the Laceration it would make in the Neck of the Bladder in coming out, on Account of it's Size, I changed the Forceps for

stronger. I took hold of it in the Middle and broke it, and afterwards easily extracted it in thirteen Pieces, each as big as a Chesnut. I then placed them together, and found there was the whole; in this Manner I managed the Passage of the Stone and preserved the Bladder. When the breaking of the Stone in this Manner cannot be avoided, you must take Care not to crumble it, because you will not be able to remove all the very small Pieces, which therefore might remain in the Bladder. To do this, you ought to cease pressing the Teeth of the Forceps, as soon as you find the Stone give Way to the Pressure. The Pieces will then separate pretty large, and may be entirely extracted.

The Patient was cured in thirty-five Days. A Week after he was perfectly cured (which was in five Weeks) he died in the Night in less than a quarter of an Hour of a Bleeding at the Nose, having given a Supper to some Friends. Being informed of it, I had a great Curiosity to examine his Bladder. I found the Cyst still remaining where the Stone had grown.

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It's Sides had drawn near one another to a certain Point, and I introduced half my fore Finger into it, in the same Manner as into the Finger of a Glove. This Cell was at the Bottom of the Bladder, on the right Side, and extended into the cellular Membrane with which it was surrounded.

*An EXCORIATION on the SPINE of the
TIBIA.*

A CARTER getting down from his Cart, slipped and grazed his Leg along the Spine of the Tibia, making a Wound four Fingers Breadth long, and somewhat deep. The Stocking being torn and the Skin excoriated, there is a contused Wound which is very painful. How should this Wound be dressed? And what Prognostic should be made?

A N S W E R.

It is possible that the Wound and the Contusion both extend to the Periosteum, and in this Case it cannot be cured without a Suppuration ; but as that is not quite certain, and as the Skin is not much wounded, we must endeavour to prevent the Wound from suppurating. A Plaister therefore of calcined white Lead must now be applied, or some other Desiccative, and over it a Compress covered with a Defensative, or wetted in Water strongly impregnated with Salt, to repel the Fluids, that a Contusion however slight may have obstructed in the Part ; the whole sustained by a Roller. If the Patient is in a good deal of Pain he should be bled.

In about four and twenty Hours the Dressing should be renewed. If the Wound begins to discharge, it should be dressed with *Linimentum Arcae*, and afterwards with a Detergent. If an Inflammation arises about the Circumference, it should be allayed with Pultices of Milk and Bread.

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The Digestion will not be good, nor diminish till the Inflammation is gone off, and the Ecchymosis, whether considerable or not, disappears; in a Word, till the Skin has recovered it's natural Colour.

The resting of the Part is very essential, without which the Inflammation will increase. Therefore the Leg should be kept during the Cure in an horizontal Position, so that the Foot may be as high as the Knee, and the Leg equally supported as high as the Ham inclusive, that the Muscles may be at Ease; lying in Bed is still better.

An EXCORIATION on the SPINE of the
TIBIA.

A MAN having excoriated his Leg on the Spine of the Tibia, about two Inches in Length, a Paper wetted with Spittle was applied, or else some Gold-beater's Skin, and left on. It is become dry, and has continued on for six Days. The Patient thought himself cured, having felt

no Pain : But now he feels very great Heat and likewise some Throbbings, so that he walks with Difficulty. What can occasion this Pain after it's being to all Appearance cured ? What is to be done to remove the Paper, which sticks very fast ? And what may one expect to find under it ? Is the Use of wetted Paper or Gold-beater's Skin improper ?

A N S W E R.

This Paper is often serviceable in preventing the external Air from altering the nutritious Juices which should re-unite the excoriated Places, and we often see a Cure follow in Consequence : But the Patient has done wrong in suffering it to remain on so long without removing it. He should have moistened it about twice in twenty-four Hours, and removed it, and then put it on again ; but not having done so, the Paper is dried, shrunk, or contracted by the Heat. From some Part of the Excoriation, where it has not united, there has discharged some Drops of Matter, which being
confined,

confined, is grown acrid, and has inflamed the Wound and Parts about it.

To moisten this paper easily, it should be covered with a Bread and Milk Pultice; upon the renewal of which the Paper will come away without making the Wound bleed, whereas if it was taken away dry, it would make it bleed. Underneath you will find an Ulcer with Inflammation about it.

Instead of Ointments or Plaisters, the Use of the Bread and Milk Pultice should be continued to the Ulcer, even till the Inflammation is entirely gone off.

The Part being kept perfectly still, will contribute also greatly to it. When the Inflammation is gone off, the Ulcer should be dressed with the *Linimentum Arcae* to separate the Slough, which will be of a greater or lesser Thickness; afterwards with Detergents, and conclude with Desiccatives.

The Depth of the Escar will decide the Time of Cure, which will be long before it happens, if the Periosteum has been contused, which will be known by it's white Colour. I have known it three Weeks in deterring. In this Case it should be touched
every

every Day with Oil of Turpentine, or the green Balsam, and a Pledget of Lint spread with *Linimentum Arcæi* over it, or some other Digestive. Afterwards the Wound must be dressed according to the State it is in.

A FUNGOUS EXCRESCENCE in the ORBIT.

A YOUNG Lady eighteen Years old, pretty fat and well made, from her Infancy has been subject to Humours in her Lips, Eyes, and Ears ; at the Age of five she had a Tinea or scald Head, which continued till she was twelve or thirteen, notwithstanding the Remedies given her, and an Issue made in her Arm. When she was about fifteen, she had a Humour in her Face, occasioned perhaps by a Pain in one of the Dentes Canini ; and then there arose a small Abscess in the great Angle of the Eye, which broke of itself and healed after the Tooth was drawn.

The

The Abscess broke again some Time after, and the Operation of the Fistula Lachrymalis was performed, after which they permitted the Issue to dry up. But some Months after they were obliged to perform the same Operation again, a little Hole bursting through the Cicatrice.

A short Time afterward there arose, in the small Angle of the Eye that had been diseased, a small fungous Excrecence issuing from the Orbit. The Application of several Topics, as Collyriums and others, being unsuccessful, the Excrecence was cut off with Scissars; this was repeated several Times, because of it's re-appearing, and at last it was touched at several repeated Times with the *Lapis infernalis*, to destroy the Roots; and the Patient appeared for many Months to be cured.

The Excrecence has again appeared; it now actually extends a quarter of an Inch out of the Orbit, and the Patient being come from *Holland*, to get Advice and a perfect Cure if possible, has given the above-mentioned Account. *Note*, The young Lady, though strong and in good Health, has
never

never had her Menfes. What do you think of this Difcufe? And what ought to be done?

A N S W E R.

The Patient not having had her Menfes, I am of Opinion that as the Lady is come to that Time of Life, previous to any Operation, Endeavours fhould be ufed to procure that Benefit. Therefore before we meddle with the fungous Excrefcence, which grows out of the fmall Angle of the Eye, we fhould begin with fupplying the Want of thefe Evacuations by bleeding in the Foot, and afterwards invite and provoke Nature to procure them, by fuch Remedies as are made ufe of in the like Cafe, fuch as the Preparations of Steel, and by Bleedings in the Foot every Month. Befides which, it will be proper for the young Lady to bathe her Legs in warm Water two or three Times a Week, for an Hour before ſhe goes to Bed.

As this Excrefcence has often returned, and has been preceded during the Patient's Youth

Youth by Defluxions, which at several Times have attacked different Parts of the Face, and that there have also been Suppurations, I think we should endeavour to turn the Course of the Humours disposed to flow to that Part, and discharge them elsewhere. For this Purpose an Issue should be made in each Arm.

I cannot prescribe any Thing more at present; the Manner in which the Menfes proceed, and the Excrescence at the little Angle of the Eye, will indicate what should be determined in Respect both to other Remedies and the Excrescence.

*Second CONSULTATION on the PROGRESS of
the DISEASE.*

The two Issues you directed were made; they discharged a great deal for three Months and do still. Since then the Patient has made use of a Medicine composed of twelve Grains of *Æthiops mineral*, six Grains of *Crocus Martis aperiens*, six Grains of *Oriental Saffron*, and four Grains of *Mace*; which Dose she takes every Day for the
last

last Fortnight of the Month, drinking after it an Infusion of Balm, Mugwort and Tea.

She has been purged once a Fortnight, and for three Months successively has been bled in the Foot. Her Menfes have not yet appeared, and the Excrefcence at the little Angle of the Eye is not more elevated, but is grown thicker and harder, being about a quarter of an Inch in Diameter. Further, the Inſide of the lower Eye-lid is bloated and thickened. We deſire to know what more ſhould be done ?

A N S W E R.

As the Menfes have not yet appeared, I think the Method hitherto purſued ſhould be continued. There is Reason to hope, conſidering the Age of the Patient, and her good Plight, that Nature will ſecond the Aſſiſtance of Art. A Porringer of Blood taken from the Foot every Month, is not capable of weakening her ; therefore it ſhould ſtill be repeated. If the Menfes appear properly or not, we ſhall then ſee what muſt next be done to deſtroy the Excreſcence.

crefcence. At prefent the aftringent Collyrium is all that fhould be ufed, both for that and the Swelling of the Eyelid.

*Third CONSULTATION on the PROGRESS of
the DISEASE.*

For upwards of four Months and more, all that was prefcribed in the fecond Confultation has been followed, and at laft the Menfes have appeared. For thefe three Months paft they have been furprizingly regular, which determined us to let one of the Ifsues dry up ; but notwithstanding this, the Swelling on the Infide of the Eyelid is confiderably increafed, being four Times it's natural Thicknefs. It is not every where equal, and the Infide of this Eyelid in feveral Places is covered with Tubercles of a deep Red. The Excrefcence can hardly be feen, being contiguous to and as it were covered by the Thicknefs of the Eyelid. What is to be done ?

ANSWER.

ANSWER.

We cannot apply proper Medicines to destroy Excrescences, and leave them in the Eye, as we can in other Places ; consequently the only Thing that can be done, is to consume all the Swelling by touching it with the *Lapis infernalis*. This will bring on a Suppuration capable of making such a Discharge as will bring down the Swelling. This Application, or Touching, requires a good deal of Address and Precaution to do it well. The Eyelid must be turned back as much as possible with two Fingers placed below it, and kept in that Position, while with the other Hand all the Tumour is rubbed with the *Lapis infernalis*. It is proper to moisten the Stone with a little Saliva, to make it act sooner, as it only operates when dissolved. Care must be taken not to touch the Conjunctiva. Before the Eyelid is let loose, an assistant Surgeon, with a Syringe full of pretty warm Water, should wet and wash several Times the Escar made by the Stone ; and by this
Attention,

Attention, the Conjunctiva will not be affected by the Caustick, which should operate on all the Inside of the Eyelid. This will not be painful, nay even scarcely felt.

Two or three Days should pass, in which Time the Eye should be frequently washed, to remove the small Escars as they are separated. The Tumour must be touched again with the same Caution, as often as it is necessary, with two or three Days interval, till the Eyelid has recovered it's natural State; it will then soon cicatrize. There will then be nothing more to do, than to destroy the Root of the Excrescence at the Corner of the Eye.

Attempts have been made at other Times to destroy it by the *Lapis infernalis*, and it would not have always grown again, could the Caustic have penetrated to the Root.

We must therefore try a more efficacious Method: The two Eyelids being opened and secured by an assistant Surgeon, a long and thick sewing Needle, mounted and fixed in a Needle-holder, must be heated red hot, in a lighted Wax Candle, and pushed boldly and skilfully into the Middle

of the Excrescence, about a third Part of an Inch deep, and be held there about half a Minute; then withdrawing the Needle, the Eyelids are to be loosed; the Burning will certainly make an imperceptible Escar, and the Heat will be communicated from thence further than where it was touched by the Needle. It is not painful. In two or three Days a little Matter will be discharged, which will be lost in the Eyelids without being observed. A few Days after the cauterizing must be renewed, and perhaps it will be necessary to repeat it three or four Times, at the same Intervals of Time. I make no Doubt but this Method will succeed in destroying the Excrescence to it's Root, as the Burning will extend beyond the Needle, and I think Nature will not produce a new Excrescence, as the Patient is now regular in her Courses.

The EVENT.

Hippocrates says, that where the best and most approved of Medicines do not cure a surgical Disorder, it may be cured by a
proper

proper Use of the Knife; and that where that is not practicable, although the Disease is curable by Surgery, the Use of Fire will cure it. By Fire I imagine he means every Thing that burns; that is, either caustick or a red hot Iron.

But it is not possible always to confine the Operation of the Caustick, which by dissolving may spread farther than was intended, though it is not so with a Cautery.

The Method I practiced for this Disorder (for the Patient came from *Holland* to me); this Practice I say was founded on *Hippocrates's* Aphorism, and verified it, for the Excrecence never returned.

For the more firmly establishing the Cure of the Patient, I thought it necessary to continue the constant Discharge by the Issue, and likewise procure another Evacuation by the Use of aperient Bolusses. I therefore directed the Patient for six Months to take every Morning a Bolus made of fifteen Grains of *Æthiops Mineral*, of *Aquila Alba* and *Diagridium* each four Grains, mixed up with the compound *Syrup* of *Succory*, which kept the Body open.

I made the Patient continue at *Paris* for more than eight Months after the Excrecence was destroyed, to see if it would return again, as it had done after the Use of the *Lapis infernalis*. Nothing appeared, nor even two Years after her Return into *Holland*, from whence she came to *Paris* to get cured.

This Cure, effected by the actual Caustery, may suggest Ideas of Cure in many Cases, where the Application of the solid Causticks, which only operate as they dissolve, are not safe, or cannot be applied.

A slight RUNNING from the PENIS.

A YOUNG Man who had an Affair with a Woman of a suspicious Character, about a Week after found his Shirt marked with some Drops of a greenish coloured Liquor, without any Smarting when he made Water. This Running lasted for a Week, and then stopped of itself. In other Respects the young Man seems perfectly

fectly well. What is your Opinion of this Running?

A N S W E R.

This is probably produced by impure Coition, and is a Gonorrhœa neglected; or an old Gonorrhœa ill cured, which has returned. It signifies nothing that the Patient, who believes himself cured because the Running has stopped, says it is only a Strain, from exerting himself too much with the Woman he had Commerce with. I shall not go from my Opinion; 1. Because we never see any Running happen to young married Men in Health, who do not spare themselves on the wedding Night; 2. Because I have known a great many Persons, to all Appearance cured of a Clap, who have had the Running return in a little Time, or else Chancres or other Signs of a Pox make their Appearance some Months after; I say therefore that if the Running has been slight, it is because the greatest Part of the Virus has passed into the Blood, where sooner or later it will

shew itself, by some characteristic Symptom of the Distemper.

As to the rest nothing can be done at present, for Half-Proofs are not sufficient to determine that a Man has the Pox; there should be some positive Symptom, or else several equivocal ones, to decide that it exists.

An EXOSTOSIS on the HUMERUS.

A MAN eighteen Years old, who has never been ill, and seems to be in perfect Health, has an Exostosis on the upper and back Part of the Humerus, three Fingers Breadth below the Neck. This Exostosis, which is raised an Inch above the Body of the Bone, makes a kind of Horn, having a broad Basis, and rises to a blunt Point. The Basis extends over more than half of the Circumference of the Bone. There is no Pain nor Inflammation. It is seven or eight Months since the Patient first perceived it by Accident. He has

has never had any Commerce with Women, and has always been a sober Man. His Father and Mother have always been and are now very healthy. How should this Exostosis be treated, which is gradually increasing?

A N S W E R.

From the Account of the Patient's Conduct, there can be no Suspicion of a venereal Virus in his Blood, at least unless it comes from his Nurse. But how comes it to be eighteen Years before it appeared? There has never been any Sign that could cause a Suspicion of a scorbutic or scrophulous Habit, consequently we must look upon this Exostosis as a local Disorder.

The Texture of the Bones as well as the Flesh is liable to a local Obstruction.

If it is a scorbutic or scrophulous Habit beginning to shew itself, till there appears a sufficient Number of characteristic Signs, I cannot propose any Remedy; for it is very difficult and would be imprudent to determine how to act, while we are ignorant

rant of the Cause. Supposing that this local Disease should not give Way to any Thing that shall hereafter be proposed (for at present I propose nothing) it is it's Progress must decide that. As long as the Disease continues, whether it grows bigger or not, it should be borne with Patience, if it does not hinder the Use of the Arm and Hand; for the Exostosis cannot extend higher than the Head of the Humerus. If as it grows bigger it should obstruct the Use of the Arm, and the Patient's Life be in Danger, in Consequence of other Accidents proceeding from the Exostosis, it will be absolutely necessary to amputate the Arm at it's Articulation with the Scapula; but at present I think we should wait till the Disease determines what should be done.

Perhaps it may be proposed to make a Wound now that shall lay the Exostosis bare, and to extirpate it with the Chizel and Mallet; but I cannot agree to that Advice for this Reason. Half of the Circumference, and perhaps half the Thickness of the Bone, is included in the Basis of the Exostosis;

Exostosis ; and there must be too great a Loss of the Muscles which cover it, if it is laid bare. On the other Hand, supposing this Wound unattended with Accidents, which is not probable, it will contract before the Bone is exfoliated. Besides an Inflammation might succeed the Incision, extend to the Capsula of the Joint, and even all over the Shoulder, which would make it impossible to amputate at the Articulation. Instead of which, if in Time the Exostosis should augment so as to make it necessary to perform the Amputation, the Success will be almost certain.

An ENCYSTED DROPSY.

ALADY, forty-two Years of Age, who never had her Menfes regularly, has been for these three Years under a Course of Medicines, for that and various other Disorders attributed to Obstructions in the Viscera. Lately her Menfes have entirely left her. Since that Time
her

her Belly has gradually grown bigger, and a Fluctuation of a considerable Quantity of a Fluid is perceptible, from whence it is concluded she has the Dropsy. Upon being sent for to tap her, and examining her Belly, we feel a Fluctuation as we judge of about fifteen or sixteen Pints of Liquor. Nevertheless the Navel is neither protruded nor sunk in, as is usual in an Ascites.

After being informed of every Circumstance that has happened antecedent to her present Situation, we find she has a good deal of Fever, her Urine is Brick-coloured and small in Quantity, she has frequent Reachings, is much troubled with Wind, and very costive (never having a Stool without the Exhibition of a Clyster), and that she has Pains all over her Belly. What do you think of this Disease, and what is proper to be done?

A N S W E R.

The Distemper without Doubt is a Dropsy, but whether it is an Ascites or an encysted Dropsy cannot be decided yet. The
Fluctuation,

Fluctuation, the small Quantity of Urine, and it's Quality, only prove that there is an Effusion, and equally accompany an Ascites or an encysted Dropsy. But the Reachings, the Flatulencies, the Costiveness, the Appearance of the Navel, and particularly the Pains all over the Abdomen, give Reason to believe that it is rather an encysted Dropsy, as these Symptoms do not usually attend an Ascites. In this Uncertainty it will be proper to follow the first apparent Indication, and make the Puncture, which will relieve the Patient, and discover the Nature of the extravasated Fluid.

*Second CONSULTATION on the PROGRESS of
the DISEASE.*

Three Weeks ago the Puncture with the Trocar was made, and about twenty Pints of a thick muddy Liquor drawn off, mixed with a small Quantity of Blood. This Liquor was so foetid, as to be offensive to the whole House and Neighbourhood. From that Time the Urine has been better coloured and more plentiful, the Vomitings
less

less frequent, and the Pains more moderate though continual.

As soon as the Liquor was evacuated, one could easily distinguish a Tumour in the left iliac Region, of the Size of an Apple ; and as the Belly gradually grew bigger, one might easily feel a Cyst which was filling, and discover it's Dimensions, which could not be done before the Puncture, because it then extended all over the Belly, even so as to include the epigastric Region. This Cyst is now as full as before the Puncture ; the Pains are returned as bad as ever, and the Vomitings ; the Urine is small in Quantity and Brick-coloured. What is there further to be done, as the Puncture has been of no Service ?

A N S W E R.

This Disease is certainly an encysted Dropsy, and the Inside of the Cyst being ulcerated, there is a Suppuration. The simple Puncture therefore will not do for many Reasons. 1. The Cyst, which filled again in three Weeks, will fill now in less Time,

Time, as is known by Experience, and will be full in a Fortnight or sooner. 2. The Inside of the Cyst being ulcerated, it cannot bear the Extension, which is the Cause of the Pain the Patient complains of. 3. As the Inside of the Cyst is ulcerated, it will be proper to dress it with Injections, as we do all other deep Ulcers, which cannot be done through the small Orifice made by the Trocar. For these Reasons it will be necessary to make an Incision through the Skin, the Muscles, and the Cyst, large enough to prevent it's closing too soon. To do this effectually, a Trocar with a Groove upon it's Canula must be plunged into the Cyst, and immediately putting a small Stopper into the Canula to prevent the Discharge of the Water, introduce a blunt-pointed Bistoury along the Groove into the Cyst, and make an Incision through it and the Teguments large enough to admit the Finger; which being introduced into the Cyst will cover the Point of the Bistoury, and guide it in lengthening the Incision, which must be at least three Fingers Breadth long, because

because as soon as the Fluid is evacuated, it will contract to half it's Size.

As soon as the Cyst is emptied, a leaden or a silver Canula, a little curved, and of a proper Length, should be introduced into the Wound as far as the Cyst, armed with a Plaister to prevent it's being lost in the Cavity.

The Puncture preceding the Incision, should be made at a proper Distance from the schirrhous Tumour which gave Rise to the Cyst, that is full three Fingers Breadth above it, and the Course of the Incision must be from the Tumour. The Bottom of the Cyst afterwards will approach by Degrees towards the Tumour it arose from, in the same Manner as the Bottom of the Matrix does to the Neck after Delivery.

Every Day there will discharge through the Canula more or less of the same kind of Fluid as came away at first, according as the Sides of the Cyst draw near one another, and I do not doubt but in two or three Weeks the Matter will be of another Quality.

To assist Nature, two Injections should be thrown up every Morning and Evening, composed of Barley-Water and Honey of Roses. The first to cleanse the Cyst, and consequently should be made so as to be immediately evacuated. Part of the second should be left, which will easily come away between the Time of Dressing; as soon as there is but a small Discharge of Matter, the Injections may be left off, and the Cyst will be daily observed to contract in Proportion to the Quantity of Injections made use of; but I doubt whether the Sides will adhere to one another, and the Wound entirely close. You may expect therefore that it will become fistulous, and that there will be a continual Discharge of a few Drops of Matter.

The EVENT.

A Patient whose Case was the same as the abovementioned, after the opening of the Cyst had as bad Symptoms as before, particularly Vomitings, and her Stomach was so disordered, that for eighteen Days
the

the only Thing she could retain was about seven or eight Ounces of *Spanish* Wine, taken every Day at as many Times, which was her whole Nourishment.

During more than two Years she made use of a small Canula, through which there discharged about a small Spoonful of white Matter every Day; but one Day having taken it out to clean, she could not introduce it again, and the Fistula closed in a few Days. Of the many encysted Drop-fies I have treated in this Manner, this Patient is the only one in whom I have known the Fistula close without opening again.

In 1759, I opened the Body of a Lady fifty Years old, who had been all her Life very irregular in her Menfes, and who died of several Disorders owing to that, of which they could give me no Account. I found two Cysts filled with a thick bloody Fluid, and as foetid as that of the Patient mentioned before.

Might not these proceed from the same Cause, though differently situated? One was in the right iliac Region near the Ovarium, connected to several schirrhous Tumours,

mours, and contained about thirty Ounces of Liquor; the other adhered to the right Kidney, and contained eight Ounces.

From this Account I conclude, that the encysted Dropsy being different from the Ascites, the simple Puncture is not sufficient, and it is necessary to divide the Cyst along with the Teguments, whenever the interior Part has suppurated. It is often only a palliative Cure, as I have seen; but by it I have prolonged the Life of several. The Person for whom this Consultation was held lived twenty Years afterwards. Others have died sooner, on Account of several schirrhous Tumours, formed on the Menfes ceasing. In most of them I found a great deal of Blood and foetid Matter mixed with Water which filled the Cyst.

Having opened several Women who died of this Disorder, who had no other Operation performed than the simple Puncture, I have found the Cyst filled in the like Manner with a good deal of Blood and grumous Matter.

A FISTULA in the JOINT of the GREAT TOE.

A MAN has for a long Time had a pretty considerable Swelling in the Joint of his great Toe, somewhat red and very little painful. About two Years ago it broke into a small Hole, which was preceded by Inflammation and very acute Pain, and since that Time there has been constantly a small Discharge of Matter. He has dressed it his own Way, and now desires your Advice, because the Pain is continual and hinders him from walking. On pressing the Sole of the Foot, between the metatarsal Bone that sustains this Toe and the next to it, there discharges a small Spoonful of purulent Matter of a bad Smell. The Swelling of the Joint prevents any Motion of the great Toe, which is not bigger than it should be ; but the Top of the Foot is, and likewise œdematous the whole Length of the metatarsal Bone that sustains it. What do you think of this Disorder ? And what ought to be done ?

ANSWER.

A N S W E R.

The Length of Time that this painful Swelling has continued, the Inflammation that has preceded the Opening which broke of itself, the Time since that happened, and the Smell of the Matter which is discharged, altogether are a kind of Proof of the Disease being in the Joint, and there is Reason to believe that the Capsula is at length corrupted, and that from thence issues the sanious Matter which discharges through the small Hole in the Skin. The Swelling on the Top of the Foot, as well as the Impossibility of moving the great Toe, strengthens this Conjecture; and the Fœtidness of the Matter which is discharged gives Room to think, that after having rotted away the Capsula, it may have occasioned a Caries of the Ends of the two Bones where they articulate with one another, that is the metatarsal Bone and the first Phalanx of the Toe. Notwithstanding these Appearances, the Joint may perhaps be sound, and the Opening may make it

the easier to discover the State of the Disease.

It should be enlarged by an Incision made by Means of a hollow Probe, introduced as far as the metatarsal Bone where the Part is œdematous. Perhaps the Bones may be found bare and carious, and in that Case it will be absolutely necessary to amputate the great Toe at the Joint, supposing only the first Phalanx to be diseased; or else even to take off the half of the metatarsal Bone, if it's Extremity is likewise carious. When the first Incisions directed are properly made, if the Bone is found not bare, the usual necessary Dressings will effect the Cure.

The SURGEON'S ACCOUNT of the EVENT.

I found, on making the Incision the whole Length of the Cavity of the Patient abovementioned, the Capsula of the Joint bare, but not penetrated; consequently the Bone was not bare, notwithstanding the Appearances which had deceived me; and the

the Patient preserving his Toe was cured in a reasonable Time.

A FISTULA in the LOWER JAW.

A M A N within these eight Months has had a fistulous Hole in the lower Jaw, just below the Dens Molaris next the Caninus, from whence there discharges a small Quantity of Matter. A Probe introduced into the Fistula is lost in the Flesh, without discovering the Bone to be bare. What is your Opinion? And what is there to be done?

A N S W E R.

The Tooth above the Hole is certainly diseased, that is to say carious, changed in it's Colour, or has a more painful Sensation than the others when it is struck, and the Jaw-Bone is injured in Consequence. The Tooth must be drawn, and in a few Days the Fistula will be closed. Frequently if a

Tooth is found, there is found at it's Root when it is extracted a small Excrecence, which adheres to it. If the Tooth is not drawn, the Fistula will not close, and perhaps in Time the Jaw-Bone will be injured. If it is not a whole Tooth which has occasioned the Fistula, it may be some Fragment or Root which remains in the Socket after the Tooth has been broke in Pieces, or otherwise has not been perfectly extracted. The slight Injury which the Jaw-Bone has received from the forming of the Abscess which has degenerated into a Fistula, will be cured without any perceptible Exfoliation, if the Teeth on that Side are sound and firm in their Sockets. But though they are sound, if they are loose there is great Reason to fear that the Disease in the Jaw-Bone has affected it's spongy Texture, and in that Case the Fistula will not close so soon.

A FISTULA in the CHEEK.

A MAN received about two Months ago in hunting, a Stroke from a Deer's Antlers, which wounded him in the Cheek on the masseter Muscle. There has been great Inflammation, several Sloughs, and a large Suppuration. The salival Duct which opens into the Wound, has, during the Treatment of the Wound, discharged a great deal of Saliva, and still discharges as much, which principally comes away when the Patient eats. This hinders the Wound from healing, although it has been open these two Months. This Fistula is small and surrounded with Cicatrices, the Consequences of the great Dilaceration he suffered. What Method must be taken to cure the Fistula? Are there Hopes that it may be cured in Time?

A N S W E R.

Whenever there is a large Discharge of Humours from a Wound, it hurts the nutritious Juices which should form the Cicatrice. Consequently it is not to be wondered at, that here, where the salival Duct is open, the Wound should remain fistulous. The Saliva is a Secretion very necessary for Digestion as well as Mastication, and returns with the Chyle into the Course of the Circulation. It returns likewise at other Times when it does not mix with the Chyle, for we swallow it continually, even without our Knowledge ; slipping down into the Stomach, it is there in some Measure digested, and passing through the Intestines, it again enters the Mouths of the lacteal Vessels, which it always keeps open and moist, in such Manner, that after the Aliment is digested, these Vessels are always ready to receive the Chyle as it comes from the Duodenum. If there was not always a Fluid discharging into them, their Mouths would contract, and the Chyle could not pass ;

pass; consequently Nature does not separate the Saliva to be entirely lost, as she does the Urine and other Fluids. Endeavours must therefore be used to prevent the Loss of the Saliva, which would waste the Patient.

That Part of the salival Duct which is destroyed cannot be restored, but the Course of the Fistula may be changed by making it open into the Mouth instead of the Outside, and this must be our present Endeavour; after which there will be no more Loss of the Saliva. To change this Course, it will be necessary to puncture and take away by one or more Incisions a Part of the Cicatrice that surrounds the fistulous Orifice, and in lengthening the Wound to be as sparing as possible of the Parts; the like Care must be taken of the Inside of the Mouth. This being done, the Inside of the Mouth must be punctured in the most depending Part of the Wound, and then there must be introduced into it a silver or leaden Canula, of a proper Length for the Place it is to remain in, one End of which must be cut slanting like a Pen. It must
be

be so placed, that one End of it should be in the Wound, and the other in the Mouth : Both Ends of the Canula should be covered with a kind of slight Ring of soft Linen or Lint, to prevent it from entirely entering either into the Mouth or the Wound,

The Canula being fixed, the Lips of the external Wound must be fastened together by one or two Stitches with a Needle and Thread, and likewise sustained by the dry Sutures ; after which it must be dressed with dry Lint kept on by a Plaster.

As we know the Motion of the Jaw and Cheeks occasions a greater Secretion of the Saliva ; in order to prevent the Wound from being too much wetted, and to promote it's speedy Re-union, the Patient must be forbid moving the Jaw, till the Cicatrice is perfectly formed ; he must be nourished with Broths, which he must suck through a Pipe, observing at the Time to lean his Head towards the Side opposite to the Wound. The external Cicatrice being perfected, the small Canula may be easily withdrawn from the Inside of the Mouth, and the Saliva then passing through this
Orifice

Orifice into the Mouth, will keep this new Passage open, as before the Operation it did that of the external Fistula.

A FISTULA in ANO.

A M A N fifty Years old has had a Fistula in Ano, ever since he was thirty Years of Age, which began by an Abscess that was near a Month in coming to Suppuration. It was opened it's whole Extent, and dressed till the Wound became so nearly healed, as only to have a small fistulous Orifice. This is what frequently happens in Abscesses near the Anus, where the Matter has denuded the Rectum, and where, whether they break of themselves or whether they are opened, the dividing the Intestine from the Place where it is denuded to it's Verge, has been neglected.

Since that Time the Fistula has often been closed, and broke again in a few Days; but as this breaking is always accompanied with violent Pain, the Patient at
Length

Length is desirous of having a perfect Cure if possible. The external Orifice is about an Inch from the Verge of the Anus. What is your Advice?

A N S W E R.

According to the Account of the Disease, the Patient may be cured by an Operation well performed. But there are two Points on which it will be right to make some Reflections. 1. It was near a Month when the Abscess first made it's Appearance, before it came to Suppuration. We know that venereal Bubo's and Phlegmons are a long Time coming to Matter, because the Nature of the venereal Virus is more disposed to coagulate the Fluids, than to put them into Fermentation; and that consequently in these Cases Suppuration is slower than in simple Bubo's and Phlegmons. It will be therefore right to enquire of the Patient what kind of life he led, before the forming of this Abscess; and if there are any good Reasons to suspect it arose from a venereal Cause, the Disease must be immediately

diately treated with proper Remedies to eradicate the Virus. There is nothing astonishing in the Disease not manifesting itself for a Number of Years by some striking Symptoms, if we reflect that the smallest periodical or constant Evacuation is capable of preventing the Appearance of the Pox. If the Operation was to be performed before the Virus is corrected, the Pox will soon make it's Appearance, either by fungous Excrescences which will grow upon it, or in some other Manner *.

It is not impossible but the Fistula may be cured by the Method only which I propose; if not, the Operation may be performed, at least if it is not forbid by the 2d Consideration; which is, That it may be dangerous to stop by the Operation a Discharge which has been habitual these twenty Years, and might bring on a more dangerous Disorder, unless the Want of it is supplied by one or two Issues. It is with this Fistula as in some old Ulcers of the
Legs,

* Read my Observations, Vol. I.

Legs, which *Hippocrates* with Reason advises to be kept open.

I saw a parallel Case to this, where the Operation to the Fistula was performed contrary to my Advice; a Retention of Urine came on in about a Week, and an Abscess at the Articulation of the Thigh. I do not doubt but it was the Consequence of the Disorder in the Oeconomy of the Machine, for Want of the Discharge stopped by the Operation till the Wound came to Suppuration; Nature having been disturbed in the Method she took to get rid of a Humour which incommoded her.

It will therefore be most prudent not to perform the Operation for the Fistula on the Patient you consult me about. Nevertheless, if the Patient is absolutely determined on the Operation, to get rid of the Inconveniency which troubles him, it may be done; but previous to the performing it, to supply this constant Evacuation, the Patient should have an Issue made in his Leg or his Arm; and the Operation should not be done till the Discharge from the Issue is established. After this he must be frequently

frequently purged. This is the only Method to prevent the Accidents which the stopping an habitual Discharge might occasion.

*A BLIND EXTERNAL FISTULA near the
ANUS.*

A M A N five and thirty Years of Age, within these three Weeks has had a small Abscess near the Anus, which broke of itself; and while it was forming, was attended with Pains in the Rectum like the inward Piles. The Abscess broke of itself with a Plaister, and the Patient has hitherto dressed it himself; but a large Quantity of thin Matter discharging through the Orifice, the Plaister soon falls off; and the Patient, uneasy at it's not being cured, desires your Advice. In probing this fistulous Cavity, there is no Passage discovered leading to the Rectum, but the Probe, after being introduced an Inch or two, goes
from

from it. What is your Opinion of this Fistula?

A N S W E R.

It is probably only a simple Abscess formed in the Fat, for the more easy dressing of which, at present it will be sufficient to only make the Opening wider than the Bottom. But as Abscesses of this kind are often known to be taken for Fistula's in Ano, on Account of their Proximity, which are urinary Abscesses, it will be proper to examine the Patient on the Manner he makes Water, in order to judge whether this is one of that Sort, which seems the more probable from the Account that there is a very great Discharge of thin Matter from the Orifice.

SECOND CONSULTATION *on the STATE of the DISORDER.*

The Patient has acknowledged that for a considerable Time he has frequently had Difficulties in making Water, and likewise
that

that his Water does not pass with a full Stream, but stops at Times, and that he has perceived this since he had some Claps in his Youth, which however he was well cured of. What opinion should be formed of this Fistula?

A N S W E R.

If the Patient has had Difficulties in making Water, and it does not flow in a full Stream, his Fistula is certainly urinary, though near the Anus; that is to say, some Drops of Urine having passed through the Hole of the diseased Urethra into the cellular Membrane in the Perinæum, have occasioned the Abscess which broke of itself. The Matter that discharges would otherwise be less in Quantity, and not so thin if it was not mixed with Urine. There is no Operation necessary at present, and perhaps it will be sufficient to restore the Urethra to it's proper Diameter, by the Use of medicated Bougies well made, and skilfully introduced into it's Passage.

Q.

When

When the Water can pass freely, it will have no occasion to seek another Passage. The fistulous Orifice will then contract by Degrees, and afterwards the Fistula will close, as I have seen many Times. The Use of the Bougies must be continued after the Cure, even for a Year or two. I have seen Fistula's of this kind that have been taken for Fistula's in Ano, because the Orifice was near it; in Consequence of which the Operation has been performed, and yet they could not be cured. One should be cautious here of such a Mistake.

A FRACTURE of the THIGH-BONE from an internal Cause.

A WOMAN whose Courses have left her about two Years, since that Time has been troubled with rheumatick Pains in various Parts of the Body. Within these two Months, the Humour which occasioned them seems to have fixed on the Fascia lata, and the Woman has suffered intolerable

intolerable Pains in her Thigh. About a Fortnight ago the Pain seemed to become deeper, and the Patient turning herself in Bed, the Thigh-Bone broke in it's Middle. How is this Fracture to be reduced? Are there any Hopes of curing it? If not, what should be done to prevent it's being attended with worse Consequences?

A N S W E R.

These kinds of Fractures are often occasioned either by a venereal or cancerous Virus, or by a rheumatick Humour, the Cause of which is either unknown or doubtful; and as in these Cases the Bone is either carious or grown soft, it is therefore no Wonder that they should break on the least Motion that the Patient makes. It is my Opinion, that there can be no Reason to expect a Re-union of the fractured Bone from the nutritious Juices, as they were not in a Condition to preserve the Bone whole when it was so. Nothing therefore can be proposed in this Case, but keeping the Limb fixed in a proper Position with a

moderate Bandage, and Splints of a sufficient Length to keep the Limb quite strait, and also to prevent it's being moved. If one could possibly get a certain Knowledge of the Fault in the Fluids that has produced this Disease, Endeavours should be used to correct it by proper Specificks. But I believe that if you should even succeed so far, it would not be possible to cure the Thigh.

A FISTULA in ANO.

A M A N twenty-three Years old, has had from twelve Years of Age such an hæmorrhoidal Flux as emaciated him. Some Time ago this Flux stopped, which was attributed to some Vexation he met with; for which Suppression he took no Remedy by Way of Prevention against ill Consequences. A few Days after he was seized with violent Pains in his Belly, with Tension, Fever, and Costiveness, which no Remedy, neither Bleedings, Laxatives, nor other Methods, could relieve. When the

Patient

Patient was almost in the last Extremity, there came from the Anus a Discharge of thin Matter, bloody and purulent; and some Days after there appeared a Phlegmon on the right Buttock near the Anus. A Surgeon finding a Fluctuation of Matter already formed, made a proportionable Opening to the Extent of the Abscess, and divided the Rectum at it's Extremity, which he found denuded. A Sinus extended very high upwards, which he did not think proper to open, it's Bottom being beyond the Reach of his Finger. If this Abscess had been opened before it came to perfect Maturity, as good Surgery directs in these large phlegmonous Abscesses, the Matter perhaps would not have insinuated itself so far along the Gut in the cellular Membrane. A few Days after there appeared another Abscess of the same kind in the left Buttock, which the Surgeon opened in the same Manner. He dressed it in the usual Way, and threw up detergent Injections into the Sinus, which passed from one Buttock to another, by Means of some Sinusses that went all round the Gut. The Bottom of the Ab-

cess is but little contracted, and there remains in each Buttock an Opening large enough to introduce the little Finger. There is a large and constant Discharge of Matter, and Injections are used every Night and Morning.

The Patient has taken all kinds of Remedies to no Purpose; nay it has even happened, that having given him three Doses of *Aquila Alba*, a Salivation came on, which lasted upwards of five Weeks. During that Time it was observed that there was very little Discharge from the Fistula's, and that it did not return till the Salivation was gone off. The Patient is uneasy at his Situation, although excepting his Fistula's he is very well, sleeping, and eating with a good Appetite, but sparingly, and with a good Digestion. What is there to be done? And what would you advise him to?

A N S W E R.

There are Cases in which Nature, often more skilful than Art, produces useful Evacuations by Methods which we are entirely

tirely ignorant of; and though these Evacu-
 cuations seem to be hurtful, it is very sel-
 dom that they are suppressed, or stopped of
 themselves from any unknown Cause that
 occasions it, without being followed in
 Time by some Disorder more or less impor-
 tant. This was what happened to this Pa-
 tient, who would have perished from the
 Obstruction that happened in the lower
 Belly, if Nature had not thrown the mor-
 bifick Matter upon the cellular Membrane
 which invests the Rectum. In Consequence
 there has happened a gangrenous Abscess,
 very deep, but within the Reach of being
 opened, and the Discharge which is daily
 made by the Fistula's is the Consequence,
 in the room of the hæmorrhoidal Evacua-
 tion. Therefore though it should be even
 possible to cure the Fistula's, it will not be
 prudent to do it; for probably there may
 be another Collection of Matter formed,
 and perhaps in some of the Viscera, which
 will be so much the more dangerous, as
 being out of the Reach of chirurgical As-
 sistance. The Return of the Discharge

from the Fistula's after the Salivation ceased proves what I say.

In regard to the Possibility of curing the Fistula's, there is none, as according to the Account, the Bottom of the Sinus is higher up than any Incision can be carried, or the proper Remedies for cleansing the Ulcer. Art therefore can do nothing, and the Cure can only be hoped for from Nature. But that is not to be desired for the Reasons I have already given, at least unless the Constitution of the Patient can be entirely altered. The only Dressings to be used are the Injections, which should be continued to deterge the Bottom of the Ulcer. In respect to the Remedies which might be proposed, all that have been hitherto made use of are to no purpose; for which Reason I do not propose any, and I think it will be best to leave it to Nature, the Patient contenting himself to observe the same proper Diet he has done hitherto. I will add to this, that there are few Patients who have a daily Discharge of Matter continue, for Want of obtaining a perfect Cure, to whom this Evacuation is not salutary. I have

have known almost all of them insensibly recover a perfect good Habit of Body, and more than once have refused to cure by an Operation Fistula's which might have been easily cured, looking upon them for several Reasons as Issues by which Nature purified the vitiated Humours by some unknown Means.

A FISTULA in PERINÆO.

A MAN fifty Years old, has had a contracted Urethra for several Years, which was easily known by the Stream of the Urine that became continually smaller. In Time several Fistula's formed in Perinæo, through which a small Quantity of Urine discharged, and after that some in the Scrotum. Some Time after the Number of these Orifices increased in such Manner, that between the Root of the Penis and the Verge of the Anus there are a great many. At present very little Urine is discharged by the Penis, the Scrotum and Perinæum

rinæum are swelled and as it were putrified with the Callosities, and the Patient is come to *Paris* for Advice. Upon Examination we find the Scrotum and Perinæum form together one entire Mass of Flesh, hard, and as large as my two Fists, overspread with more than thirty Orifices through which the Urine issues, more through some than others, and but a few Drops through the Penis, which is more than half confounded and lost in the Mass of Callosities. The smallest Bougie has been tried to be introduced more than once through the Penis, but could not be passed farther than three Fingers Breadth. Can this Disorder be cured? And how?

A N S W E R.

There are three Indications of Cure to be fulfilled. The first is by a surgical Operation, to make a free and ready Passage for the Urine, that it may make no more fistulous and callous Orifices. The second is to destroy, take off, or dissolve, the Callosities that surround the Fistula's
from

from the Pubis to the Anus. The third is to restore a free Passage for the Urine, through the Urethra, that it may be discharged that Way, otherwise the Disease will not be cured, or will soon return.

The first Intention will be effected by making in the Perinæum, as far as the Neck of the Bladder, the same kind of Incision, but rather longer than what is made in cutting for the Stone. The second Intention will be accomplished by taking off a great Part of the Callosities which are in the Perinæum and Scrotum, and by that Means procuring so large a Suppuration as may clear the whole Circumference of the Incision. After this you must proceed to enlarge the Urethra. Thus the three curative Intentions will be effected.

If it is possible to discover at the Time of the Operation any Sinus that leads to the Urethra, a grooved Staff should be introduced into it, and from thence into the Bladder; in order by Means of the Groove to make an Incision as far as the Neck of the Bladder, large enough to Place a Canula in. When the Urine discharges freely
by

by the Canula, Nature and Art will combine in dissolving the Callosities and healing the Fistula's, not only those where the Incisions are made, but also the others; because the Urine will no longer be discharged that Way. In Time the Urethra will be cured, as well as the rest of the Scrotum, and in a few Days after you may proceed to finish and establish the Cure by the Help of the medicated Bougies.

The EVENT.

The Patient in Question was recommended to me, and I was employed to do what I had directed to be done. The grooved Staff which is used in the Operation for the Stone, could not be introduced into the Urethra to guide the Bistoury, and it was necessary to avoid cutting across that Canal which was covered by the Callosities, I therefore made a deep Incision the whole Length of the Tumor, above an Inch from the Ischion, as we do in cutting for the Stone, and cut off as much of the Callosities as I could without Danger; that is, as
distant

distant from the Place where the Urethra was imagined to be, which the Callosities hindered from being distinguished. Not being able to discover from whence the Urine came, because the Blood gushed out as from a Sponge when it is squeezed, I filled the Wound with Dossils of Lint to keep the Sides asunder ; (I could do this without hurting them, as they were so indurated) the whole sustained by Compresses and Bandage. The next Day, in dressing the Patient, I placed him in the same Position as during the Operation, and observing the Urine to come from several Places of the Wound, I introduced a Piece of Cat-gut into the Sinus that seemed the readiest Passage into the Urethra, which went no farther than about three quarters of an Inch, on Account of the Obliquity of the Passage.

The next Dressing another Piece of Cat-gut was introduced a little farther, and the same at the third ; but at the fourth it entered into the Urethra, and from thence into the Bladder. I immediately by the Help of this Cat-gut, passed a grooved Staff open at the End, into the Bladder, and by
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the Help of the Groove, introduced a strait Bistory of a proper Size into the Neck of the Bladder, which I divided along with the Prostate. I then directly put in a leaden Canula, which gave the Urine a free Passage, without which it would have gone the wrong Way, as it did before.

In the Course of the Dressings the Callosities dissolved by Degrees, and several of the fistulous Orifices healed up. The great Discharge gradually brought the Swelling about it quite down; and in about twelve Days, I was able to introduce a very small Bougie into the Penis. I every Day increased the Size, and succeeded at last so far as to pass them into the Wound and touch the Canula, which I had continued the Use of. In a few Days I had enlarged the Passage so as to be able to introduce a Catheter through the Penis into the Wound, after having removed the Canula. I passed the End through the Wound in the Perinæum, and by the Help of the two Eyes at that End, I introduced a Seton into the Urethra as I withdrew the Catheter, one End of which I drew out at the Orifice of
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the Glans, and the other out of the Wound, and after this I replaced the Canula.

I passed this Seton through every Day, spread with the two Plaisters *Divinum* and *Diachylon cum Gummis*, melted with *Oleum Hyperici*. By this Method the Inside of the Urethra suppurated and grew softer. The Seton in about a Fortnight being no longer moistened with Matter, was left off, and I was satisfied with using Bougies large enough to preserve the proper Diameter of the Canal.

During this Time the Wound filled up, and several of the fistulous Orifices closed. I then removed the Canula, and the Urine began to come through the Penis; the Stream grew larger by Degrees, all the fistulous Orifices closed, and the Wound soon cicatrized.

I advised the Patient to make use of leaden Probes, or medicated Bougies, for a Year or two, twice a Week, to preserve the Diameter of the Canal, and prevent a Return of the Disease.

This Advice was well founded. I have known two Patients that were cured by the
Use

Use of Bougies only, meet with that Misfortune in about three Years, by neglecting to make use of the Bougies or leaden Probes for a sufficient Length of Time after they were cured, notwithstanding I advised them to it.

A FRACTURE of the HUMERUS.

ABOUT three Hours ago a pretty fat Man fell down and broke his Arm, a small Distance from the Neck of the Humerus, above the Insertion of the deltoid Muscle. As this Fracture is just done, there is only a moderate Swelling which permits us to discover that the fractured Pieces are not much displaced.

There is a pretty considerable Ecchymosis on the Arm and about the Shoulder. What is the proper Bandage in this Case? Is it the usual one? It appears to me very difficult to put on.

ANSWER.

A N S W E R.

The Fracture and Ecchymosis require each a particular Attention. In this Fracture, as well as in all others, it is necessary to begin by replacing the Bones, if they are displaced, and then keep them together by a convenient Bandage. The Place where the Fracture is, will not permit the Use of what is directed for the Fractures of large Bones; since to carry a Roller between the Arm and the Body, there is a Necessity of removing one from the other every Turn, which will displace the Bones that have been put together. The following is the Bandage proper to be made use of: A Piece of Linen folded in four Doubles, of the Breadth of four Fingers, covered with a Defensative that will grow stiff, made with Bole Armonac, or Starch; or Plaister softened and beat up with the White of an Egg and a little Vinegar, making a kind of thick Paste that it may dry the sooner. The fractured Part may be encompassed with this Compress without
R moving

moving the Arm from the Body, and rolled with only two or three Turns of a Roller.

The Defensative as it hardens will fix like a Roller round the fractured Pieces, in such Manner as they cannot be displaced. Splints cannot be applied here, as they are when the Humerus is broke in it's middle Part; but to prevent any Motion of the Arm, it must be secured close to the Body, which is the best Support for a Fracture in that Place. This may be done by rolling them with several Turns of a very large Roller. Care must be taken to place it so, that the Arm being secured to the Body with the Fore-Arm bent, can only be moved together. Afterwards the Shoulder should be covered with the same Defensative.

In about three or four Days the three Turns of a Roller, if necessary, may be taken off, without removing the Arm from the Body; also the Compress and Defensative which surrounds the Fracture; and a Compress dipped in Salt Water well wrung out, put on in the Place of it, which as it hardens will also make a kind of Collar that will keep the two Ends of the Bone fixed
so

so as they cannot be displaced. Over this must be placed as before two or three Turns of a Roller, the whole without moving the Arm which is fixed to the Body.

The Ecchymosis must be embrocated with Resolvents, which may be done without moving the Roller that secures the Arm to the Body.

The Fracture will be united sooner or later according to the Age of the Patient, for the Callus is slower in forming and acquiring Firmness in old People than Children. The Reason is plain, and according to the animal Oeconomy. In proportion as we grow older our Bones grow harder; the nutritious Juices then flow slower and in small Quantity. It is easy to conclude therefore, that the Bones of Children will unite soonest, and that it is a Mistake to say that forty Days is the limited Time for Formation of the Callus. I have seen Persons of seventy Years of Age, who have not had a Callus formed in fourscore Days.

A FRACTURE of the HUMERUS.

A POOR Woman being in Labour, and the Child in a bad Position, the Midwife in endeavouring to turn it breaks it's Arm.

You are sent for as soon as it is born, and find a Fracture of the Humerus an Inch above the Articulation with the Cubitus. This Fracture is not difficult to reduce, but how is it to be kept in it's Place?

Note, They are poor People, and the Child is to be sent to Nurse many Leagues off.

A N S W E R.

The Place where the Fracture is, seems to point out a Necessity of making use of the Bandage customary in Fractures of large cylindrical Bones. But the Infant's Age, which leaves but little Room for that kind of Bandage, the almost natural Impossibility of preventing by any Means some Motions of it, and the Necessity of it's being carried

carried a great Way by an ignorant Peasant, will hardly permit the Use of the common Bandage. I think therefore it will be better to make use of the same as was proposed in the preceding Consultation, which I imagine will do. The Child's Body will answer the Purpose of Splints, therefore the Arm must be wrapped round at the fractured Place, with Linen spread with a Defensative that will harden, so as to make a Sort of firm Collar; over this must be placed two little Splints made of Paste-board, or the Wood the Sheaths of Swords are made of, which must be kept on by two or three Turns of a Roller. Another Roller of a sufficient Breadth and Length, must secure the upper and lower Arm to the Child's Body, so that it may not be moved in undressing it. At this Age, the Callus should be formed in less than a Fortnight, at the End of which the Arm may be freed from the Bandage, and as the Child ought not to make any Attempts to use it for some Months, it should during that Time be confined in it's Swaddling-Cloaths.

A FRACTURE of the FEMUR.

A LAUNDRESS about fourteen Years of Age, with a Basket full of Linen on her Back, having sat down on a Parapet-Wall, fell backwards above thirty Foot on the Shore of a River, and fractured her right Thigh an Inch above the Middle. Upon Examination of the Thigh there is discovered in the fore Part, pretty near the Place of the Fracture, a Wound about an Inch deep, and wide enough to admit the little Finger ; from whence there has issued a great deal of Blood, her Shift being covered with it. What do you think of this Fracture ? And how should it be treated ?

A N S W E R.

The Wound in the Thigh may have been made by a Point of the Bone, which had penetrated through the Skin, at the Time of the Fall, and has entered again by the Motion given the Patient in lifting her up, or carrying her Home. Or it may
have

have been made by some undiscovered extraneous Substance. This is very necessary to be enquired into, as well for regulating the Method of Dressing and Reduction, as in Relation to the Prognostick, because it will make it different.

If upon probing the Wound with a large blunt Probe, the Bone is not felt, probably it is not that which has made the Wound, and therefore it will be necessary to consider immediately of reducing the Fracture by Extension, Counter-Extension, and Conformation, or bringing the Ends of the Bone together. When the Ends of the Bone meet, if the Thigh is not shorter than before, it is a Proof that the Fracture is not oblique but transverse. It is likewise a Proof that the Wound is not made by the Bone, which might have been the Case had it been done otherwise. Notwithstanding this, I shall advise the first Dressing to be the same as if it was a compound Fracture, and the rather, as the Contusion being very great requires particular Attention. Therefore the Eighteen-Tail Bandage must be made use of.

The Reduction being made according to Art, and the Ends of the Bone kept steady by the two Assistants who make the Extension and Counter-Extension, a Pledget of dry Lint must be put upon the Wound. The Thigh must then be wrapped round with Compresses spread with a Defensative, or dipped in salt Water, and squeezed out that they may dry the sooner; and then the Eighteen-Tail Bandage placed over all. Care must be taken not to put too much Covering on the Wound, in order that the Blood which may still issue, or the Lymph which will separate from the Coagulum as it forms, may have a free Discharge, which will prevent it's lodging in the Wound, and permit it's spreading in the Linen of the Bandage. Though there is no Discharge at present there may be soon, for as the Defensative dries it will make a gradual Compression all over the Thigh, and Part of the Blood which makes the Ecchymosis will be forced from the Place where the Fracture is, and also from a Part of the Thigh, passing from Cell to Cell. By these Means Part of it will Discharge from
the

the Wound, and Part will be diffused in the cellular Membrane along the Thigh and Leg, above and below the Defensative. The last Turns of the Eighteen-Tail Bandage should inclose longitudinal Compresses of a proper Thickness, or else some small thin Splints along the Course of the Bone, before, behind, and on each Side.

The Thigh should be kept strait by two strong Junks, or else put into a Fracture-Box. It is customary to make the Junks round, being generally composed of a round Stick covered with Straw and rolled over with Linnen. But the round Form of the Junks is not convenient, because they support the Limb only in a Line, and are unsteady.

It will be proper therefore instead of a round Stick, to make use of Laths, which will make the Junks flat, more steady, and useful.

To these Attentions must be added the proper Position of the Limb, and it's being kept perfectly still. The Patient must be bled, and the Bleedings repeated according as there may be Occasion.

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The Dressings should be left on two or three Days or more, if nothing makes it necessary to take them off sooner, and then they may be removed to see how the Limb goes on, in order either to continue the Use of the same Bandage, or to substitute Rollers and the other Dressings made use of in simple Fractures.

In this Case it will be proper to caution female Patients, that, when they have Occasion to urine, or go to Stool, they must beware of putting a Bason under them; because in doing of it the Patient must raise the Breech, which may possibly displace the reduced Bone.

It will be therefore proper to do it in a Dish, which may be easily slipped under, and is likewise convenient for the Woman to make Water in.

The EVENT.

One cannot consider and reflect too much on the Nature of a Disease, before we undertake the Treatment of it. A Surgeon was sent for immediately after this Accident.

dent. Imagining that the Bone had pierced through the Skin and made the Wound, he made the Dressings ready for amputating the Patient's Thigh. The Mother absolutely opposed the Amputation, and he withdrew; after which they had Recourse to me. As soon as I saw the Wound, my first Opinion was the same with the other Surgeon's, but nevertheless I thought it possible that some extraneous Substance might have made the Wound. Considering therefore what it might be, I enquired whether the Girl had her Scissars hanging at her Side when she fell. Upon examining her Apron, they were found hanging to it, covered with Blood as far as the Rivet that joins the Branches. I then made no Doubt but that the Scissars made the Wound, and looked upon the Fracture as a simple one.

I desired some Linen to make the necessary Bandage, and amongst that they gave me, I perceived some formed into conical Compresses. The Mother then acknowledged to me that they had been made ready for the Amputation which she had opposed.

opposed. I reduced the Fracture, put a simple Pledget of Lint on the Wound, with the Defensative and Bandage before recommended, which I changed the fourth Day, because it was full of Blood discharged from the Wound.

The Wound was cured without any Suppuration in a few Days, and the Fracture united in the usual Time, observing the proper Attentions.

This dubious Case, to which I was called in 1725, was a Lesson of Consideration to me never to follow directly my first Opinion in other Diseases, whose Treatment came afterwards under my Care. It may be equally the same to all young Surgeons, and it is for those only I have drawn up this Account of the Consultation, the Fracture itself having nothing extraordinary in it.

A FRACTURE of the ARM below the ELBOW.

A MAN fell from his Horse about four or five Hours ago, and received a Hurt in his lower Arm, which is already much swelled. The Bones seem to be broke, and there is Reason to think the Cubitus is, about an Inch from the Wrist, and the Radius the same Distance below the Elbow, because these two Places are very painful when they are touched. Besides we think there is a kind of grating of the Bones perceived in those Places, when the Arm is turned gently either prone or supine, without being able to determine exactly whether the grating is in these Places or not. This Uncertainty is owing to the swelling of the Arm. What should I do?

A N S W E R.

It was necessary that you should have been called immediately, that you might have been able before the Arm swelled to
discover

discover in what Place the Bones were fractured (supposing that to be the Case) and to have reduced them. But the Swelling and Inflammation being come on, it is not a proper Time now to make the Extension and Counter-Extension.

All our Views at present should tend to abate the Symptoms, by speedy and repeated Bleedings, emollient Cataplasms, a strict Diet, putting the Limb into a proper Position, and keeping it still. Fortunately the Bones of the lower Arm, being pretty well furnished with Muscles that adhere closely, the Bones cannot be much displaced.

If you succeed in abating the Inflammation, the Swelling will diminish, after which it will be necessary to set the Bones if they are displaced, and dress according to Art.

For the present, emollient Cataplasms should be used, and the Fore-Arm placed in a Case, which will hinder it's being moved, as is done in complicated Fractures. The Patient should lie in Bed on his Back, that the Return of the Fluids from the Circumference to the Center may be the easier.

When

When the Swelling is gone off, the State of the Bones will be the better distinguished, and then you will act as Circumstances require.

A FLUXION on the CHEEK.

A VERY fat young Woman for some Time past, has had the third Tooth of the Molares in the lower Jaw very bad, though as yet it has not given her any Pain. Within these two Days she has had a Fluxion on that Cheek, and the under Part of the Jaw swelling also, is become very hard. The Patient cannot open her Mouth, and her Teeth are set together. There is a Fever and a great deal of Pain, without the Tooth seeming to be concerned in it. What is proper to be done?

ANSWER.

ANSWER.

The Fluxion is certainly owing to the bad Tooth, although it gives no Pain, and it will probably terminate in an Abscess, which is gathering about the Jaw. Who knows but that even the Socket may have been injured by the Tooth, the Caries being communicated from one to the other? If the Tooth has never been painful, perhaps it is because there is an Excrescence at it's Root, or else that the Root and the Nerve belonging to it are destroyed by the Caries. This is the Reason that the Fluxion is becoming an Abscess.

The Tooth cannot be drawn because the Jaw cannot be opened; consequently the first Care must be to abate the Inflammation by Bleedings either in the Arm or Foot, according as it is proper for the Patient, and by emollient Cataplasms frequently renewed. I do not speak of the Diet, as the Patient cannot open her Mouth, but it will be proper for her to frequently take a Spoonful of warm Milk into her
Mouth

Mouth to bathe the Gum with, which will serve instead of a Cataplasim. If these Precautions do not prevent the forming of the Abscess, they will at least hinder it from being so large as if nothing had been done to prevent it.

*Second CONSULTATION on the PROGRESS of
the DISEASE.*

The Abscess formed and broke of itself underneath the Jaw, very near the bad Tooth. The Hole is big enough to admit the End of the little Finger; through which the Quantity of a Spoonful of Matter has discharged, and seems to come from some Distance. The Teeth continue closed. Is it enough to dress it as it is? Or should any Thing further be done? Will it not be necessary to enlarge the Opening by an Incision, to dress the Bottom of the Wound more easily?

A N S W E R.

The Use of the Cataplasms must be continued to soften the whole ; the Matter which is there and no longer ferments will contribute to it. The Orifice must be covered with *Emplastrum Divinum*, large enough to keep the Matter in the Cavity, which will answer the Purpose of Ointment or Digestive ; for this Matter which has done fermenting will help to increase the Suppuration. The Use of Cataplasms must still be continued over the Plaster.

As the Hardness softens by the Discharge, by Degrees the Jaw will open ; as soon as it does, the Tooth that occasioned the Abscess should be drawn, without which the Hole will not heal up, and the Jaw-Bone may receive more Harm.

It is very seldom that in these Cases the Bone perceptibly exfoliates ; and the Tooth being extracted, the Orifice generally closes in a few Days.

The EVENT.

The Patient tired at length of the Discharge, and wearing a Plaister, which was obliged to be changed twice or thrice a Day, had the Tooth drawn, though to Appearance sound, and brought it to me. I found a white Excrecence at it's Root, about the Size of a Hemp-Seed. Four Days after the Fistula closed, without the Application of any Thing more than an *Emplastrum è Cerussa*.

A FISTULA in PERINÆO.

A MAN fifty Years old, several Times has had a Difficulty to make Water, and at length a Tumour formed in Perinæo, which broke, and after discharging healed up. The Orifice has opened again, from whence issued a great Quantity of Urine, and he makes at present but a few Drops. But there are two or three more

Orifices besides broke, and one in particular near the Anus. There is a small Discharge of Urine constantly, more by one Orifice than another. What can have occasioned these fistulous Orifices? And how should this Distemper be treated?

A N S W E R.

All the Orifices through which the Urine discharges lead to one, which is in the Urethra, probably it's membranous Part; through which pass several Drops of Urine, instead of going the natural Way. When some of the Urine has issued through this Orifice, it spreads itself amongst the nearest Cells of the Membrana Adiposa. There it occasions an Inflammation, and Abscesses of different Magnitude, wherever it lodges. The Matter discharges by bursting through the Skin, and at length the Urine follows. But as the Passage from Cell to Cell is oblique, a Part of it lodging, occasions the Callosities.

In this Case, as well as many others, the Urethra is contracted in some Part, and it
is

is this Contraction that commonly occasions the Fistula between the Bulb of the Urethra and the Neck of the Bladder. Here the Urine with Difficulty passing the natural Way, has made a new Passage through the Perinæum as an additional one, and the others have happened in Consequence.

The first Indication which offers, is to enlarge the Urethra so as to permit a free Passage to the Urine. This should be done by the Use of medicated Bougies well made, and proportioned to the Diameter of the Canal, and introduced with Skill as far as within the Neck of the Bladder; they should be emollient. Care should be taken to enlarge them in Proportion as the Urethra is dilated, which will be known by the Ease with which they pass as far as the Bladder. I have known many Patients cured in six Weeks or two Months, only by the Use of Bougies, all the fistulous Orifices being filled up or closed.

Whether the Patient is cured by an Operation, or only by the Use of Bougies, it will be proper for him to continue a long Time after his Cure the Use of the Bougies

at least twice a Week, without which the Canal will contract again, and the Disease return from the same Cause. Instead of Bougies he may make use of leaden Probes, made according to the Curvature of the Urethra ; and if he should learn to make use of them himself, he may increase the Size of them as well as the Bougies, in Proportion as the Canal is enlarged.

Whatever Operation may be performed on Fistula's in Perinæo, they will not be cured without the Canal is enlarged ; for the Urine would not have forced a wrong Passage, but only to procure an easy Discharge, finding the Passage of the Urethra too narrow. And should it happen that these Fistula's might be cured by some Operations, it would not be long before the Disease would return from the same Cause.

A GLAND upon the LEG.

A YOUNG Lady twenty-four Years of Age, has had within these three Years, on the Outside of her Leg, two Fingers Breadth above the Malleolus externus, near the Tendo Achillis, a moveable Gland, the Bigness of a Hazel-Nut, and so little painful that she took no Notice of it. Within this Twelvemonth this Gland is become very painful, without the Skin over it changing it's Colour. The Pain, which is continual, has obliged her to desire your Advice. Is it curable? And by what Method?

A N S W E R.

Without enquiring into the Cause of the Pains, whether they arise from the Size of the Gland, which by it's Pressure is become troublesome to the common Membrane of the Muscles; or whether they proceed from the Alteration of the obstructed Fluids, which may make the Gland degenerate

into a Cancer, the Patient must be relieved by it's Extirpation, because no Plaisters nor topical Applications can ever disperse it, but may make it become cancerous.

The Skin over the Gland must be divided by an Incision of twice it's length, the Gland must then be taken hold of and secured with a Hook, and skilfully dissected, so that it may be taken out whole.

This being done, the Lips of the Wound must be brought exactly together, and retained by the dry Sutures and a uniting Bandage.

The Patient observing to keep perfectly still, will be cured in three or four Days.

An INDURATED GLAND in the MEMBRANA ADIPOSA, forming a TUMOUR on the SIDE.

AN Officer who is very fat, is very Uneasy on Account of a glandulous Tumour in the Adipose Membrane, which he has had for a Year on his Side, and is daily increasing. He desires your Advice, because he is obliged to go to the Army.

This Tumour is four Inches long and three broad, indolent and moveable, situated on the spurious Ribs on the left Side, and extending towards the epigastrick Region.

What do you think of this Tumour? May it remain without Danger? And what ought to be done?

A N S W E R.

This Tumour being moveable and indolent, the Patient might possibly suffer it to continue some Time, without altering it's Nature, even though it grows larger. But

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as it is unnatural, and consequently a Disease that will still increase, and may assume a worse Appearance, I therefore am of Opinion it should be cured. I know of no external or internal Remedies that can disperse it, nor of any certain Cure but extirpating it.

The Patient being prepared by a Bleeding and Cathartic, a semicircular Incision must be made on each Side of the whole Length of it. These Incisions must spring from one Point at the Top, and meet together at the Bottom, making from both Sides of the Tumour a long Oval, and must penetrate through the Skin as far as the *Membrana Adiposa*. The glandulous Mass must then be raised up a little with a Hook, and dissected from the Bottom, performing it so that the Bottom of the Wound should be very even, so as to represent in some Manner a Pocket Drinking - Cup. This being done, the two Lips of the Wound must be brought together, and retained by the dry Sutures, which must reach a long Way on the Skin. At the lower Part of the Wound there must be left

left a small Place where the Lips should not meet, in order to permit a free Passage for some Drops of Blood or Matter that may discharge, and whose Lodgement might hinder so speedy a Re-union of the Wound as is proposed. To unite the Bottom the better, which the dry Sutures only fixed on the Skin can but imperfectly effect, there must be placed on the Sides of the Wound two Compresses the whole Length of it, round like a Pudding, half an Inch broad and an Inch thick. They must be well secured with two Sticking-Plaisters, that they may not be displaced, and the whole covered with a Compress secured by a circular Bandage well made. The two Compresses in Shape of a Pudding, will bring the Adipose Membrane and the Bottom of the Wound together, which the dry Sutures can do but imperfectly, as they adhere only to the Skin.

The Patient should be kept quite still for three or four Days, at the End of which the Wound may be examined, and will be found almost united.

A CROOKED KNEE.

A CHILD two Years old, who has no Appearance of the Rickets, nor what is called large Joints, has the left Knee bent inwardly, in such Manner that when the Leg is extended, it makes an Angle of seventy Degrees with the Thigh. This occasions his turning his Foot and Thigh outwards when he walks. From whence proceeds this Deformity? And is it to be remedied?

A N S W E R.

There is no Wonder that one of the Legs of many Children should be warped at the Knee, or that even the Bone itself should be crooked, from the Fault of the Nurseries almost always carrying them on the same Arm, that they may have the freer Use of that which they commonly make use of in their Business. The Bones of these Children being as yet soft, they easily take the Turn they are given, and
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the Joints assume it the easier, because the Capsula's and Ligaments that surround them are then but feeble. And when the Joints begin to bend, the Weight of the Body increases the bad Shape of the Joint daily as the Child walks.

As this Disorder is contracted by Degrees, so it can only be imperceptibly removed, and it will likewise require more or less Time.

For this Purpose we must take Advantage of the Child's sleeping in the Night, and before he goes to Sleep roll his Legs and Thighs together (so that he cannot move them) without too much confining them. Children sleep soundly, and this will not disturb them. The Rollers should be of the same Breadth and Length as those the Nurses use to swathe them with. They are to secure in the Places hereafter mentioned three small square Cushions, about the Size of those on Ladies Toilets, filled with Bran moderately hard, so as not to Hurt the Epiphyses on the Sides of the Joints on which they are placed.

The first Cushion should be placed between the Knees, and the second; be-
tween

tween the Ancles, both secured by three or four Turns of the Roller. It is plain that the Legs being also rolled, the Cushion which is between the Knees by Degrees will turn out the Knee which is bent inwards; but as the Cushion will act equally on the other Knee, and give that a wrong Turn by pushing it outwards, this Inconveniency must be prevented, by placing on the Outside of the Knee the third Cushion, which should be fixed by several Turns of the same Roller. This third Cushion supporting the Knee, will prevent it's being turned outwards by the Cushion between the Knees. I suppose the two Legs to be extended; and to hinder the Child from bending the Knee, which would displace the Cushions, it will be necessary to place a Pasteboard over the Knees large enough to reach half Way up the Thighs and Legs, and to secure it by the last Turn of the Roller.

The whole Bandage must be merely retentive, to keep the three Cushions in their Place, and not to make the Child uneasy.

The Child must walk but little in the Day, for the Weight of the Body on the Legs will make him lose what Advantage he has gained in the Night.

By these Means I have known in about a Year's Time many Children who were in the abovementioned Situation recover. It is almost always the left Leg, because the Nurses generally carry the Child in their left Arm, that they may have their right at Liberty.

A GANGRENE from an internal CAUSE.

A MAN seventy-two Years old, who is lusty and seemingly in good Health, within this Fortnight has perceived the second Toe of his right Foot to be somewhat swelled, and a little redder than the others, but not very painful. Within this Week he has perceived an Excoriation between this Toe and the third, which seems to be trifling.

However

However being uneasy, he has made me look at it. I find the small Ulcer somewhat livid, and the Top of the Foot a little œdematous. The Patient has no Fever, nor does he want Appetite. For this last Week I have dressed the small Ulcer with Storax, wrapping the whole Foot up with Compresses dipped in Aqua Vitæ; but this has not hindered the Ulcer from growing bigger. The Oedema likewise continues, and seems rather increased. What do you think of it? And what should I do?

A N S W E R.

From the Account you have given me I am strongly apprehensive, that this Ulcer of your Patient, trifling as it appears, is the Beginning of a Gangrene from an internal Cause; the rather as it has continued a Fortnight, is very little painful, and instead of growing cleaner and better by your Care, has gradually increased, and the Oedema on the Top of the Foot is augmented. What makes me say so, is, that I have seen several of the same Sort, or like it, few of which

which have been cured, the Ulcer spreading and the Gangrene ascending by Degrees the whole Length of the Limb.

In this Case it is necessary, without neglecting the Care of the Ulcer, to endeavour to correct the Fault of the Juices, which has occasioned it, and will certainly increase it every Day if not prevented. You observe that the Patient has no Fever; I believe it, but permit me to offer you one Reflection: Every Man's Pulse is not alike; therefore one would wish to be well acquainted with the Pulses of the Patients when we first see them, because some are naturally slow, others very quick; some have them very strong, others very weak. Besides the different Alterations that happen in our Fluids are not always known by the Pulse, and perhaps your Patient may be in this Case. This being considered, I think we should here be directed by Experience. Others besides myself have seen, and I have observed the constant Use of the Bark and Antiscorbutics given four Times a Day, correct the Fault of the Fluids disposed to gangrene, and the gangrenous Ulcer incline to

T

heal

heal instead of spreading. Nevertheless I have likewise remarked, that these Remedies have been given unsuccessfully, and the Gangrene has gradually advanced for some Months till the Death of the Patient. At present we are unacquainted with more efficacious Remedies for a Gangrene proceeding from an internal Cause; I think therefore he should have Recourse to them without Delay. You must continue to dress it according to it's different Condition, and supposing that the Gangrene should spread all over the Toe, and become black, nothing but it's bad Smell should cause it to be amputated, for that will not prevent the Gangrene from spreading higher up.

To these Methods of Treatment I will add one more by which I succeeded, and which may probably be useful in the present Case.

A Man forty Years old, was in the same Situation as your Patient, with this Difference only, that he was very thin. The five Toes successively mortified and gangrened in twelve or fifteen Days, notwithstanding

standing he took the Bark with Antiscorbutics four Times a Day. The Top of the Foot was very œdematous, which obliged me to make a disagreeable Prognostic. To assist these Remedies, recal the Heat to the Limb, and re-animate it, I made the whole Leg every Day be fomented for a quarter of an Hour with a Decoction of vulnerary Herbs and Vine Wood-Ashes. The Gangrene continued to ascend by Degrees and the whole Metatarsus was gangrened as well as the Toes; at last in about three Weeks, I observed in the Skin, above the Junction of the five metatarsal Bones with those of the Tarsus, a small Line where the Suppuration was different from the Putrefaction which spread all over the Metatarsus. This Line became clean, and reached all round the Foot. The Gangrene did not affect the Tarsus, and in two Months the Metatarsus separated entirely from the Tarsus. I dressed the Ulcer according to Art, and the Patient was six Months in curing. At length the Cicatrice formed in such Manner, that the Pa-

tient was able to walk on the Tarsus, which remained entirely whole.

To the Attentions which I have proposed for the Patient who is the Subject of this Consultation, I think it will be necessary to add the above Fomentation, as it will help to re-animate the Fluids which continue their Circulation in the Limb, but whose progressive Motion may be daily growing weaker, by the Loss of the Elasticity of the Blood-Vessels.

A BANDY LEG from the CROOKEDNESS of the BONES.

A CHILD of five or six Years old, having the Tibia and Fibula crooked, the Leg being turned from within outwards, and also from the fore Part backward, the Foot is distorted. The Child was ricketty in it's Infancy, and it was hoped that the Deformity would grow off as it grew older; but it still continues, although there is no Swelling in any of the other Joints,

Joints, and it is feared it will increase. What ought to be done to prevent that, and to restore the Leg to it's proper Form?

A N S W E R.

It is absolutely necessary that the Child should wear two small Boots made of plated Steel according to Art. I mention two, although there is only a Fault in one Leg, because the Child walking awry, that is, drawing the left Leg along, and resting only on the well Leg, might turn the Spina Dorfi, as the Loins are weak. Each Boot should be furnished with a steel Sole fixed in the Shoe, with two Hinges, one on the left Side and the other on the right, to facilitate the Flexure of the Foot. There should likewise be two Hinges on the Sides of the Knee, and the Boot should reach to the Middle of the Thigh. The steel Plates should be so disposed, as to lightly press on those Parts of the Bone that protrude, and should be properly quilted there, that they may not gall. Though the Instrument-Makers understand how to

make them, yet it is proper that the Surgeon should give Directions. As the Child grows, or as the Leg comes to it's Shape, other Boots must be made; I have recovered many Legs by this Method.

I have often made use in slight Distortions, of strong leather Boots laced before. Upon these Boots there were Sheaths to introduce Whalebone Busks, which press upon the Curvature; and as the Whalebone in a Day's Time would be bent, they were turned every Day. These leather Boots may be of Service in slight Deformities and Distortions, but they are of no Use in Distortions of the Bone of long standing.

The Child must wear the one or other both Night and Day, during two Months or thereabouts, and will soon be used to them. There can be no Inconvenience attend them, if Care is taken to well line the Parts that press on the Curvature of the Bones. At the Expiration of that Time, it will be sufficient to wear them only in the Day, till the Bones are quite strait.

A GLAND in the BREAST.

ALADY five and forty Years old, who has always been regular in her Menfes, for a long Time has been ſubject to violent Head-aches, which continue for two or three Days, attended with great Vomitings. Within theſe few Months her Menfes ſeem as if they were leaving her, for they come more irregularly, and ſhe is ſubject to Floodings, which though but trifling, yet are nevertheless frequent.

Since this has happened her Head-ach has left her, and within theſe few Days ſhe has felt a Kernel very deep in her left Breſt, which ſhe never perceived before. She is ſenſible of only a ſlight Pain when it is touched; it has gradually increaſed to near the Bigneſs of a Cheſnut, and there is no other Part ſwelled. This Kernel is ſituated and ſeems to lie on the great pectoral Muſcle, a little on one Side of the Nipple, and is moveable. Your Advice is deſired.

A N S W E R.

The critical Period of the Patient is possibly the Cause of the Swelling in her Breast, as I have frequently known to happen. Perhaps it may be occasioned by the Humours settling there which caused the Head-ach, as the Patient has not been lately troubled with it.

Both Causes require frequent Evacuations by bleeding alternately in the Arm or the Foot, on Account of the Kernel and the Flooding, and by purging to hinder the Humour from falling on the Glands of the Breast, and by that Method prevent the Increase of the Swelling.

Warm bathing, a prudent Administration of Dissolvents, a moist and sweetning Diet, in short every Thing that will abate the Plethora, remove the Obstructions, and prevent the too great Acrimony of the Juices, must be made use of as soon as possible. No Remedy need be applied to the Breast at present, except a Piece of Swan-skin Flannel to keep the Part constantly warm,

warm, as the Kernel lies very deep. If it grows larger and more painful, the different Circumstances will decide what ought to be done, for at present I would not propose any Operation.

A GANGLION on the HAND.

A YOUNG Lady about eighteen, very regular, has a Ganglion on the Joint of the Wrist, of the Cause of which she is ignorant.

It is above a Year since it began to form, and it is grown half as large as a Walnut. It is situated on the outer Part of the annular Ligament, is not painful, and on one Side of it there is another smaller, which seems to adhere to it. It is disagreeable to the Sight, and the Lady is desirous of being cured. What is this Ganglion? Can it be cured without leaving a Scar?

ANSWER.

A N S W E R.

The Ganglion is a lymphatick Tumour formed by the Rupture of the lymphatick Vessels which nourish the Tendons and Aponeuroses. This Liquor is dispersed between them and the Membrane that covers them. This is exactly on the annular Ligament, which is a kind of Aponeurosis. The fluid commonly found in these sorts of Tumours is as transparent as Chrystal, and is rather thicker than Lymph; it is somewhat like the unboiled White of an Egg, and is not subject to inflame.

To cure a Ganglion, you must wait till it is big and hard enough, that the Membrane that forms the kind of Cyst where the Liquor is inclosed may be grown thin by the Extension.

Holding the Hand then bent, and fixing it so as the Tumour may not slip, you must strike the Tumour one or two Strokes with a kind of Mallet, hard enough to break the Cyst and evacuate the Fluid. The Stroke though given smartly is not painful. Immediately

mediately pressing with the Thumb on the Place where the Stroke is given, that is where the Ganglion was, the Liquor must be diffused all about by moving the Thumb to the right and left, and the Tumour will disperse. A Compress, such as is used after bleeding, but a little thicker, dipped in salt Water, and squeezed out that it may the sooner harden, must be then applied and kept on with several Turns of a Roller; this Roller may be taken off in two Days. Very often a small Ganglion which is near the large one is not broke at the same Time, because it is not struck by the Mallet; and it is not a proper Time yet to attempt it's Cure, as the Stroke may happen to light on some neighbouring Part, whereas it would only fall on the Ganglion if it was large. When the small one is grown big enough, it must be cured like the former.

Sometimes it happens that the Cyist of the Ganglion fills again, and appears after it's being seemingly cured; in that Case it must be treated in the same Manner. But I have never known it fill a second Time.

BLEEDINGS

BLEEDINGS *in the* MOUTH.

A MAN five and twenty Years old, who is much troubled with the Scurvy, had the third of the Dentes Molares in the lower Jaw drawn; and in about two Hours after, finding the Socket continued to bleed, he sent for the Tooth-drawer.

To stop the Bleeding, the Tooth-drawer searched for the Vessel at the Bottom of the Socket; but doing it with a sharp Fleam, he unfortunately cut the Gum on the Side next the Tongue. He immediately stopped the whole with Lint and small Compresses, ill sustained by the upper Teeth. The Patient passed the Night in this Manner; but the Compresses being displaced, he spit a great deal of Blood and Saliva, so that he is very much weakened, for it amounted to three or four Pints.

When the Patient's Mouth was rinsed, the Blood was perceived to issue from two Places. On putting the Finger on the Opening of the Artery which is next the Tongue,

Tongue, it easily stops, but that cannot be always continued. What Method should be taken to stop these two Hæmorrhages ?

A N S W E R.

The Artery which supplies a Tooth may be large enough to furnish in Time a great Quantity of Blood, when a Tooth is extracted. But this Hæmorrhage, together with the Loss of a Quantity of Saliva ; (for in this Case the Patient swallows none, but is continually spitting) ; this Loss I say must weaken him, as the Saliva is a salutary Secretion, which, according to the Order of Nature, is continually swallowed, and passes again into the Blood ; it's Loss therefore is very hurtful.

Every Thing that will make an Escar is not proper to stop the Blood from the Socket of a Tooth, because it cauterises the Gum, and perhaps may the Socket, extending much farther than the Artery.

Where the Blood issues only from the Socket, the coagulated Blood must be cleansed with a Probe and a Linen Tent, and
then

then the Cavity must be filled with Agarick of Oak ; or for Want of it with Lint, lightly covered with Powder of Rock-Alum. To prevent the Blood from moistening or displacing it, it must be kept on with small thick Compresses, to fill up the Space to the Surface of the Gum where the Tooth was ; and the Teeth of the other Jaw pressing upon the Compresses for some Hours, and stopping the Hæmorrhage, the Patient will no longer want to spit.

But when, as in the present Case under Consultation, we have stopt the Bleeding in the Socket in this Manner, the Compression cannot be placed upon the Artery which is opened near the Tongue, and the Pressure of the Finger cannot be continued long enough for the Opening of the wounded Artery to contract itself sufficiently to retain the Coagulum formed there ; for the Blood of scorbutic People does not readily coagulate.

In this Case there must be a little oblong hard Bolster made to press upon both the Arteries together. This Bolster must be fixed to a Steel Crescent made like a Chin-Cloth.

Cloth. This Crescent must be placed below the under Lip, embracing the Jaw, and fastened by two Straps of Leather which join to one another behind the Neck.

When a similar Case happens to the upper Jaw, the Crescent must be placed under the Nose, upon the upper Lip, and fixed nearly in the same Manner. The Machine must remain long enough on the Place, for the Orifice in the Vessel to have Time to contract itself. In a scorbutic Person it should remain a Fortnight or longer.

If the Machine is well made, it will not hinder the Motion of the Jaw nor of the Tongue. In all other Cases where an Artery is opened in any Part of the Mouth, if there is a Difficulty in stopping the Blood, and you cannot apply cauterizing Styptics, the same kind of Machine must be used.

The EVENT.

As soon as the proposed Bandage was put on, the Patient spit no more Blood or Saliva. It was not removed for a Fortnight, by which Time the Patient was cured.

This

This Bandage, which ought not to confine the Motions of the Tongue, neither interrupts Speech nor Swallowing.

The Patient was nourished with Spoon-Meat.

The P I L E S.

A MAN for more than a Year has had a Descent of the Rectum, that is, it's internal Coat is elongated and turned outwards, making a round Substance like a Collar two Inches thick. To this Substance there are connected six schirrhous Piles, each about the Size of a Grape. The Verge of the Anus is very wide, for which Reason the Patient can replace them with Ease; but for the same Reason the whole comes down easily, which cannot be prevented. The Patient feels no Pain, but the Mass daily increasing becomes very troublesome. Is it possible to cure this Complaint radically, and what should be done to effect it?

ANSWER.

A N S W E R.

In the Account of this Disorder there are several Things which deserve a good deal of Attention. The first is the Mass of schirrhous Piles, which connected to the inner Coat of the Intestine easily comes out, as the Verge of the Anus is very much dilated ; and the Expulsion of the Fæces, if a little hard, necessarily pushes them out.

The second is, that this Mass of Piles protruded, draw along with them and extend the inner Coat of the Intestine, and consequently the cellular Membrane, which connects them to the muscular Fibres which belong to these Parts.

The third is the kind of Collar formed by the folding in of the inner Coat, which the Piles push before them when they come out ; hence this Substance surrounds the Piles in Form of a Ring.

The first Thing to be done is to prepare the Patient for the Operation by a slender Diet for several Days, and a Purge or two,

U. that

that there may be no large Fæces in the intestinal Canal.

The Piles must then be cut off one by one at their Root; that is close to the inner Coat to which they are connected.—Read in my Treatise of Operations the Method of doing it.

In cutting them off, great Care must be taken of the Collar, for it is Part of the Intestine, which is forced out of its natural Situation.

The Piles will bleed but little, and probably the Blood may only ooze, as they are schirrhous; however it should be stopped, which may be done by a large Doffil tied, placed upon the Wound, and introduced into the Rectum, by returning the Intestine and Substance along with it as far as possible. This Doffil should be dipped in a weak styptick Water, and squeezed out.

It will be necessary to tie it that it may be drawn out and not lost in the Intestine.

This styptick Water will make a slight Escar where the Piles adhered, which will fall off in a few Days by the Help of Digestives, with which it should be dressed
every

every Day, introducing a small Doffil into the Intestine. The Suppuration will diminish the Swelling of the inner Coat, which may have been more or less, from the Irritation it received before the Operation, when the Patient went to Stool. If the Collar does not quite return immediately after the Operation, it will in two or three Dressings.

When the Wounds have discharged a Week by Help of the Digestives, it will be sufficient to throw up vulnerary Injections into the Rectum Night and Morning.

The inner Coat of the Rectum and the cellular Membrane, which the Piles have stretched by drawing them out, will recover their natural State by Degrees. As the preternatural Extension was made by little and little, to assist Nature, which always endeavours to contract our Fibres, when they are relaxed, we must take Care that nothing obstructs it. The best Method is to make the Patient remain in Bed three Weeks at least, for by this horizontal Situation, the Intestine will not have it's own Weight to support, and the Circulation of the

Fluids will be assisted. This horizontal Situation is so much the more necessary, as the Verge of the Anus (as before observed) is very wide and open.

The Patient should likewise live upon thin Food, that the Fæces may give as little Irritation and be discharged with as little straining as possible.

Morning and Evening an astringent Decoction should be injected into the Rectum, to contract the Coats of the Intestine as much as possible; these Injections will likewise help to thin the Fæces which may be in the Passage.

Where the Verge of the Anus does not descend, as it does in this Case, the Use of Injections beforementioned, and lying in an horizontal Posture for three Weeks, are unnecessary; as the Rectum has not been subject to a preternatural Extension.

I make no Doubt but if you observe what I have directed, the Patient will be so perfectly cured that the Rectum will never descend as it does now. I speak from Experience.

The PILES.

A MAN forty Years old, for a long Time has been troubled with the Piles, which have no periodical Flux of Blood as some have, but bleed when he has a hard Stool, which excoriates some of them. They always come down when he goes to Stool, and he is above an Hour before he can put them up again. This Inconveniency, which is daily increasing, has occasioned him to consult you. If you examine him immediately after giving him a Clyster to make them come down, you will see five Piles as large as Cherries, adhering by a pretty broad Basis to the Circumference of the Inside of the Rectum, fixed to the inner Coat; and six others the Size of Grapes placed between them; the whole forming a Mass as big as a Pippin, surrounded with a Ring formed by the Inner Coat of the Rectum. In other Respects the Patient is well, and only desires to be cured of this. What do you think of this

Disorder? Is it curable by any Method?
And what is to be done?

A N S W E R.

This Disorder is of so much the more Consequence, as it will every Day increase if it is not cured; for when the Piles are protruded, the Verge of the Anus forms a kind of Ligature above them, which makes them swell more, till they are returned again. All Ointments, Liniments, and Injections, are of no Service, and they must be cut off from their Basis one after another. They might be tied, as I have seen done, in which Case there is no Danger of an Hæmorrhage; but besides the excessive and almost insupportable Pain which the Ligatures occasion, it is possible that the Inflammation extending up the whole Length of the Rectum, may reach the other Intestines, and produce the same Symptoms as attend the Strangulation of the Intestine in a Hernia; it is therefore better to cut them off one after another.

For

For the Manner of doing it, read my *Treatise of Operations* printed in 1751.

As most certainly the Blood will spring from the Artery that supplies some of them, a small Compress dipped in *Rabel's Styptick*, and squeezed out; must therefore be applied to the Opening of the Artery, and kept on with the Finger for half an Hour without moving it. Upon those where the Blood only oozes, there may be put a pretty large Dossil of Lint, dipped in a styptick Water not so strong as *Rabel's*, and squeezed out; and if it is possible to return the whole together it must be done, but most commonly only a Part can be returned. In about half an Hour the whole must be withdrawn, and only a Dossil tied, dipped in styptick Water and moderately squeezed, introduced into the Rectum along with the Mass which the inner Coat of the Intestine forms about the Piles.

Notwithstanding these Precautions, he may lose some Blood, which may be discharged into the Rectum; and I have seen the Quantity of three Porringers of Blood evacuated by the Patient an Hour after, in

Consequence of Motions which have obliged him to go to Stool.

In that Case the whole Dressings will loosen and come away at the same Time ; therefore another Doffil tied and dipped in styptick Water must be introduced. This will make a few Escars on the inner Coat of the Intestine, which will stop the Bleeding. At each Dressing afterwards, a large Doffil tied, and spread with Digestive, must be introduced a good Way up the Anus, to procure a Suppuration that may lessen the Swelling of the inner Coat, which will suffer a long Time from the Distension occasioned by the coming down of the Piles. When the Discharge is considerably lessened, there will be nothing necessary but an Injection to be thrown up three or four Times a Day.

BANDY LEGS.

A GIRL who was ricketty in her Infancy has attained her twelfth Year; she is no longer ricketty, and the Joints which were formerly swelled have recovered their natural State, but the Bones of the Legs remain bent, one inwards and the other outwards. Upon feeling of them one may distinguish that their Substance is flattened. The Thigh-Bones likewise partake a little of the same Disorder, being both bent outwards; but the Body and Arms are well shaped, and the Girl is in good Health. Can this Deformity which makes her lame be remedied?

A N S W E R.

The Weakness of Childrens Bones may make them bend under the Weight of the Body, and if there is no other Disorder but the Rickets, there may be Hopes that as the Child grows, the Disorder may be removed.

When

When the Child is no longer ricketty, if the Legs are crooked, one may hope to remedy them by the Use of Boots; but the Crookedness of the Thigh-Bones cannot be remedied by this Method, and they must be left to Nature. The Crookedness of the Bones of the Leg being accompanied with a Flatness, makes it so much more difficult to remedy, as the Point of Pressure made by the Boot will be on the Angle formed by the Bone, which will gall the soft Parts upon it very much: However as the Boot is the only Method to remedy the Bone, it must be used, observing the necessary Precaution to have the Place well quilted where the Point of Pressure is.

If the Bones continue flat, they may however be made strait, and one must look upon the Flatness of the Bones as a confirmed Rickets, and I never knew any of those Bones recover their natural Roundness.

As this Case is of that sort, the most proper internal Remedies for rectifying the nutritive Juices must be administered. I have known the Use of Antiscorbuticks succeed
with

with wearing of Boots. Are we to attribute these Cures to such Medicines ? Or to the continual Use of well contrived Boots ? Or to Nature ?

Whenever it is thought proper to make use of Boots in these Cases, they must be worn in the Night as well as the Day.

On Account of the Crookedness of the Thigh-Bones of this Girl we are consulting about, I doubt whether she will be able to make use of Boots with any Benefit ; it is the Work of Nature.

COAGULATED MILK *after* LYING-IN.

A WOMAN who has lain-in about ten or twelve Days, has the right Breast inflamed ; the Milk runs from the other Breast, and there is none comes from the diseased one. She is not a Nurse, and has made use of the common Methods for drying up the Milk.

Since the Inflammation of the Breast, they have applied emollient Cataplasms to it ;

it; two Fingers breadth on one Side of the Nipple, there seems to be a Fluctuation, the Patient feels a great deal of Pain, and is very feverish. It is required of you to know how this Tumour, which in all Probability is coming to Suppuration, is to be treated? To direct how it should be opened if it becomes necessary? When to do it? And how to dress it?

A N S W E R.

You must continue the Use of the Cataplasms till the Matter is formed; for it is pretty certain it will. Maturatives seem to be indicated, but there is Heat enough in the Part without increasing it, and emollient Cataplasms will do.

The Abscess must not be opened till the Matter is formed, and the Skin so thin as to be ready to break; and the Incision must extend no farther than where the Skin is elevated by the Matter. It is possible and even common enough for Matter to be felt in two Cavities on each Side of the Nipple, communicating with one another by some Sinus.

Sinus. It will then be necessary, if the Skin is thin in both Places, to make another Opening, that the Matter may be freely discharged.

It will be proper to continue the Use of the Cataplasms over the Dressings, which should be as easy as possible, and not crammed in ; for Lint in such Sores is an extraneous Body, and of no Use but to apply the Medicines.

The Discharge may be very great ; for sometimes we see the whole Breast loaded with Milk mixed with Matter, therefore light Dressings afford it a freer Discharge.

When the Inflammation is gone off, the Cataplasms may be omitted, and the Patient purged several Times, to turn the Course of the Milk and evacuate it as much as possible. One may indeed affirm that the Wound will not heal till the Milk ceases coming to the Breasts, for which Reason it may be a long Time curing, perhaps not till the Menses become quite regular. For the future Dressings I do not mention any Thing, they must be determined by the State of the Ulcer.

The LIGAMENT of the PATELLA divided.

A MAN walking along, received a Wound of a Sabre, which divided the Ligament of the Patella, and he fell down, without being able to get up again. Are there any Hopes of it's re-uniting? And how is it to be cured?

A N S W E R.

The Ligaments being nearly of the same Texture with the Tendons, one may likewise hope they will unite in the same Manner; and this Wound still bleeding, we must endeavour to procure the Re-union as soon as possible.

To put Nature in a Way of doing this, (for the Union must be performed by her) the Leg must be extended as much as possible, to bring the Part of the Ligament connected to the Tibia as near as possible to the Patella; then bring the Patella, which is drawn upwards by the extensor Muscles, near that, and keep them together

ther by the same kind of Bandage directed to be used in transverse Fractures of the Patella. To this should be added two Junks, to prevent the Leg from being bent by any Means whatever. In putting on the Bandage it must be placed so that the Wound may be uncovered, that we may every Day see what is going on.

The Suture of the Ligament in this Case is useless, as the Position of the Limb and the Bandage are sufficient to keep the two Ends of the Ligament near enough to touch one another. It would even be prejudicial, on Account of the Inflammation it would occasion. But the dry Suture will be of great Service in uniting the Skin and preserving the nutritive Juices, which should agglutinate the Lips of the Wound quite to the Bottom, in their proper State.

Supposing the Wound to be united, the Bandage and Junks must be kept on for two Months longer, that the Cicatrice of the Ligament may become so firm as it may not separate the first Time the Limb is extended; for this Ligament alone is to counterballance by it's Strength that of the
four

four external Muscles of the Leg, which are very strong; and the whole Weight of the Body, which always tends to bending the Leg.

I imagine it needless to mention Bleeding, and such a Diet as is always customary in the Treatment of all Wounds, and which must be regulated as Circumstances require.

An ENCYSTED TUMOUR on the KNEE.

A YOUNG Woman twenty Years old, has had for several Years a Tumour on her Knee, which at the Beginning was very small, but is increased to be half as big as an Orange. It is situated on the Ligament of the Patella, fixed and indolent, having a large Basis. It is no other Inconveniency than preventing her from kneeling, and giving her Apprehensions of it's growing bigger. There is a Motion of a thick Fluid felt in it, it may therefore be looked upon as a Meliceris. What Prognostick

noſtick can we form of it? And what ſhould be done to cure it?

A N S W E R.

As the Tumour is indolent and without any Redneſs of the Skin, the Fluid in the Cyſt does not ferment, and therefore the Tumour is not likely to ſuppurate, and we may hope to cure it without an Operation. It muſt be covered all over with a Plaſter a little larger than the Tumour, made of equal Parts of Diapalma and Ceruſſa, mixed together and ſpread pretty thick upon Leather. This muſt be kept on with a Roller about four Ells long and four Fingers Breadth, with which the Knee muſt be rolled pretty tight, to compreſs it to a certain Degree.

As this will be very troubleſome to the Ham and the Tendons of the Flexor Muſcles of the Leg, there muſt be ſome Wool quilted in Linen applied to the Ham. It will be kept on by the Turns of the Roller, and may be faſtened with a Needle and Thread that it may not be diſplaced. A

Pasteboard may be put on with this quilted Compress to prevent the Bending of the Leg; by this Method the Patient may walk with her Leg extended the whole Time of the Cure, the Plaister should be changed every Week, and the same Bandages replaced.

I have cured a great many Tumours of this sort in this manner in a Month or thereabouts. Most likely the Fluid that was gradually collected by Degrees, has returned into the Course of the Circulation, and the Sides of the Cyft adhered to one another.

It will be right to purge the Patient two or three Times during the Course of the Treatment; I have known several Tumours of this kind on the Head not very large, that have been cured by nothing else but a Compress made for some Time with a Plate of Lead kept on by a Cap.

When this kind of Tumour becomes painful, it is owing probably to the Fermentation of the Fluid within it, or an Inflammation of the Cyft, which may possibly terminate in a Suppuration. In that
Case

Case a Cure is not to be expected the same Way, as abovementioned.

A CARCINOMATOUS TUMOUR on the KNEE.

A MAN has had for several Years a Tumour above half as large as an Orange upon his Knee, and about a Month ago it became painful. A few Days after it broke, and two or three Times has discharged a good deal of Blood. There are now several Places in it of a lively Red, some of a Purple, as if disposed to Gangrene, and others of a very deep Red. A fleshy Excrecence, hard, and about the Size of a small Nut, comes out of the Hole; and in the Cyft which has emptyed itself, there are felt through the Skin several little Tumours separate from one another. The Skin that covers them is flabby, and almost without feeling. How should this Tumour be treated? And if you think an Operation necessary, How should it be performed?

A N S W E R.

The Cyst of this Tumour is diseased, as there are fungous Excrescences rising from it, and the different Colours of the Skin shew that a Gangrene is farther advanced in some Places than in others ; this Gangrene is the Consequence of the Inflammation which is come on, therefore it cannot be cured but by an Operation, which must not be deferred.

A crucial Incision must be made in the Skin and the Cyst, and the Corners of them cut off. The rest of the Cyst, which adheres to the Aponeurosis of the extensor Muscles of the Leg, covers the Patella and it's Ligament, must be exactly, dexterously, and deliberately dissected out. As it is upon this that the Cyst is formed, and from thence that the Excrescences spring, if it was left it might prevent the Cure, consequently the Excrescences will be taken away with their Roots. If any small Root should escape the Knife, it will be seen at the first or second Dressing, and must be entirely

entirely destroyed with the mercurial Water.

It will then become a simple Wound, which may be cured by the usual Dressings.

An Inflammation must be prevented by Bleeding, Diet, emollient Cataplasms over the Dressings, and other Remedies adapted to Circumstances and Symptoms that may arise.

An ENCYSTED TUMOUR on the HEAD.

A L A D Y between forty and fifty Years of Age, had an encysted Tumour about five Inches in Diameter at the Bottom of the sagittal Suture, which reached over the Lambdoid. A Monk who called himself a Surgeon, divided the Tumour across it's Diameter, and emptied the Cyst; then filled it with Lint, and dressed the Patient for two Months. At length the Lady, tired with suffering and not being cured, dismissed him, and consults you what is proper to be done. There is an

Ulcer four Inches long and an Inch broad, surrounded with two Lips, each an Inch and an half thick, in the Shape of a Sausage, painful and very hard, ulcerated the whole Length of the Side next to one another, and threatening to become cancerous. What can this Tumour adhere to? How should it be treated? And what should be done to it in it's present Condition?

A N S W E R.

This Tumour takes it's Rise from, and is formed on the aponeurotic Expansion made by the Junction of the frontal and occipital Muscles. In Proportion as it increased, the Skin over it extended and yielded gradually to the Quantity of Fluid collected in the Cyst, and when the cellular Membrane between the Skin and the Cyst was wasted, the Skin adhered to the Cyst.

Several Things have been neglected in this Operation. He should have entirely extirpated the Tumour, and not have been satisfied with dividing it only. He ought besides to have preserved some of the Skin
if

if possible, to have covered Part of the Wound. As it is almost impossible in operating to extirpate the whole Cyst, and that there always remains some small Part adherent to the Aponeurosis, he ought to have destroyed that with some Caustick, as the mercurial Water. What Skin ought to have been left, would forward the Cure, by having a smaller Cicatrice to form.

The present State of the Patient requires another Operation; the two Lips must be taken off to make it an even Wound, preserving as much Skin as possible. This will make a smooth Ulcer, which must be dressed according to different Times and Circumstances. As this Ulcer will be of a long oval Figure, it will be practicable and of Use to bring the Sides towards one another, with Slips of sticking Plaister, in the Manner of the dry Suture; but this must not be till the Bottom of the Ulcer is deterged, for that which digested after the first Operation, is at present a foul Ulcer, and requires a good deal of Skill to deterge it. The dry Sutures will be so much the more useful, as the Muscles here are cutaneous,

neous, and will follow the Motion of the Skin, which will shorten the Cure.

WENS, or FLESHY TUMOURS.

A M A N has a Wen upon the Musculus Glutæus, six or seven Inches in Diameter, which appears outwardly of a globular Form ; it is not painful, but inconvenient from it's Weight, and troublesome to the Patient in sitting. Therefore he desires to be cured.

Another has on the Middle of his Back a Wen consisting of Fat, and Glands of such a Size, that it seems to be larger than a Mass of Flesh of twenty or thirty Pounds Weight. It is pendulous, and it's Weight has stretched the Skin in such a Manner, that it's Basis is not above half the Diameter of it's Body : The Substance that forms the Basis seems to be of the same Nature as that which forms the Body of the Wen, for they are both full of Inequalities and tumefied Glands.

The

The Body of this Wen is about four Feet in Circumference, and it's Basis more than two. Are these Wens curable by any Operation? Should they be treated in a different Manner? And how should they be treated?

A N S W E R.

I have known Mountebanks undertake the Cure of such Disorders, by destroying the Tumour with Causticks. They may have cured some small ones, but a melancholy Experience has more than once shewn the Danger of such Practice, for, by the Use of Causticks, they are frequently known to become of a cancerous Nature, the Inflammation to extend along the Skin far beyond the Basis of the Tumour, and destroy the Patients, having put them into such a State as not to admit of an Operation to be performed. Besides, the Pain which the Caustick gives, and must be often repeated, becomes insupportable and vitiates the Fluids. Extirpation by the Knife then is the most proper, because it is less painful; the
Pain

Pain continues but a short Time, and the Success is more certain.

The Operation of these two Wens must be different, for in that on the Buttock a good Part of the Skin that covers it may be saved, which is not practicable with that on the Back.

In regard to that on the Buttock, a crucial Incision must be made the whole Extent of the Tumour, dividing the Skin and the Membrana Adiposa as far as the Outside of the Cyst ; the four Flaps will then be easily separated by the Fingers to the Bottom of the Tumour, afterwards the Cyst must be separated from the Parts it adheres to, a good Part of it may be separated by the Fingers alone, and what adheres too strongly may be done by the Knife, after which the whole Wen comprehending the Cyst may be extirpated, by dividing it from every Part it is connected to. The four Flaps will then be too large in Proportion to what they are to cover, a Part therefore must be cut off, and the Remainder applied to the Wound, because Part of the Skin will be agglutinated before
the

the first Dressing is removed, and the rest will gradually unite during the Suppuration; thus by leaving of the Flaps we save Nature three Parts of her Work, and the Cicatrice is much sooner formed. The Dressings require nothing particular.

The same Method cannot be taken to cure the Wen on the Back, which must be cut entirely away at it's Basis, and as close to the Spine as possible, without endeavouring to save the Skin as in the other.

The SURGEON'S LETTER.

The last-mentioned Wen being extirpated as you directed, weighed thirty Pounds, and left a circular Wound about eight Inches in Diameter, which was cured in six Weeks by very simple Dressings. I shall now relate to you what I did to expedite the Cure of this Wound, which otherwise might perhaps have been three or four Months in curing. I imagine the same Method may be practised in all Wounds that are round and very large.

When

When the first Dressing was removed, I brought the Lips of the two Sides of the Wound a little towards one another, and kept them so by Means of Slips of sticking Plaister, which sticking to the Skin by their Extremities on the two Sides of the Wound, passed over the Pledgets spread with Medicines, covered them, and also kept them on. At each Dressing I placed five or six of these Slips of Plaister, which were narrow in the Middle, long, and pretty broad at the Ends, to take more hold of the Skin and keep it the better together.

By this Method I brought the Wound, which was round at first, to be oblong, then long and narrower, and in less than a Fortnight it was not more than three Inches wide, to seven in length. In the mean Time, as the Lips grew nearer, the Cicatrice at the Extremities advanced, and the whole was cured in less than seven Weeks.

I must mention here one remarkable and singular Circumstance which related to this Patient, and which will not do but upon very few Occasions.

The

The Patient was an old Toper ; I thought it proper according to the regular Method, to confine him to Broths from the first Day after the Operation. But the next Day but one he became terribly weak, and I was obliged to support him with Wine, of which he drank three Bottles every Day, and eat nothing but Bread, using no other Drink the Remainder of his Cure. I am sensible this is not a Method to be followed with every Patient.

The NOSE CUT.

AM A N received a Stroke of a Sabre, which cut his Nose in such a Manner, that it hangs only by the lower Part of the Bridge and by the Corner of one of the Nostrils. Are there any Hopes of it's Re-union ? And supposing it is thought proper to attempt it, What is the Method that should be taken to effect it ?

ANSWER.

A N S W E R.

There is no Part whatever that is recently divided by a cutting Instrument, but if there is any Adhesion to the whole, the Re-union may be attempted, by bringing the Lips of the Wound exactly together, and keeping them so, by the dry Suture, by the Suture with a Needle and Thread, or by Bandage. I give the Preference here to the Suture with the Needle and Thread, because the dry Suture is not so useful and efficacious where the Surface is not every where plain and even; but it may however be made use of here to favour some of the Stitches of the Suture made with the Needle.

The Bones of the Nose and it's Bridge may be displaced, which should be immediately examined into with Attention; and if so they must be replaced, either by introducing the little Finger up the Nostril, or a Small Stick covered with Linen; and kept so for about a Week by a Quill likewise covered with Linen, which will give a free
Passage

Passage to breathe through, and discharge any Humidities. This being properly done, the necessary Stitches may be made. In a few Days the Quills may be removed, because the Bones being united will not be displaced again. The other necessary Attentions have nothing particular from what is to be observed in all other Sutures. The Places where the Stitches are made may be sustained by the dry Suture, if they can be of any Use any where. I have known the Nose unite again exactly, though it has been held by as little as abovementioned. When the Part is cured, he must be very careful for some Time in wiping his Nose, lest he should break the Ligature.

The NAIL growing into the FLESH.

A MAN who takes Pains in cutting his Toe-Nails, and particularly the Corners, for two Years has had the following Complaint: The Flesh on the outside of the great Toe close to the Nail is
 swelled,

swelled, making a fungous Tumour about a Quarter of an Inch higher than the natural Surface, which covers nearly half of the Nail. From under it there is a Discharge of a sanious Matter; the whole Toe is swelled and hard, especially the first Phalanx; and there is a continual Pain that extends to the Metatarsus, which is œdematous. How should this Complaint be treated?

A N S W E R.

The whole Tumour formed on the Nail by the swelled and indurated Flesh must be cut off, and then you will find Part of the Nail grown into the Flesh on the Side of it. This Side of the Nail is partly separated from every Thing, neither adhering to the Flesh under it nor that which covers it; consequently it is a foreign Body which must be taken away, because it will interrupt the Cure.

The Point of a Pair of Scissars therefore must be dexterously introduced under the Piece of Nail which is separated from the
Flesh,

Flesh, not to cut it across, but lengthways, advancing gradually to the Root and farther in one or more Days. If after having divided in this Manner all the Piece of Nail which is separated from the Flesh, you were to cut it across, there would always be a Corner remaining; therefore it is necessary always after cutting the Piece of Nail as far as the Skin, to lift it up, to take fast hold of it with the Forceps, and extract it by tearing it away as one may say by the Root. To do this well, it should be turned back and lifted up in tearing it out.

A Piece of scraped Lint should then be put under the rest of the Nail, and dry Lint will be sufficient for the first Dressing on the rest of the Wound. The Dressings afterwards when the separated Piece of Nail is taken quite away, are very simple, and the Wound will heal in a few Days with common Desiccatives, as dry Lint, and sometimes a little burnt Alum to prevent fungous Flesh. It will be necessary till the Wound is cured, and also afterwards, to introduce a Piece of dry Lint between the Nail and the Flesh, which will serve to

defend the Flesh from being hurt by the Nail that remains.

Sometimes we may defer cutting off the Flesh that covers the Piece of Nail that pricks it, for a Day or two; but as it is absolutely necessary that it should be cut away in the Manner I have mentioned; to come at it the easier it will be proper to gently introduce in that Time a Piece of scraped Lint between the Flesh and the Nail you want to cut away, and also under it. It is painful, and therefore must be done with Care and by Degrees.

To prevent this kind of Complaint, the Corners of the Nails should never be cut, especially those of the great Toe, because it grows faster at the Place where it is cut than any where else; because it is very difficult not to leave a Corner, and because either the Shoe, or the Toe next it, always presses the Flesh against the Corner.

It should therefore be permitted to grow out a little, cutting the Nail square. If by Accident the Nail hurts the Flesh, it will be proper to put a little scraped Lint under
the

the Corner of it, which being soft, will preserve the Flesh from being wounded or hurt.

A PESSARY left in the VAGINA.

ABOUT eight Months ago a young Woman who lives in the Country, after lying in, had a Prolapsus Uteri, for which a Pessary was introduced that is very troublesome to her. She has a great deal of Uneasiness in walking, and also in sitting, and is desirous of being relieved.

Upon introducing the Finger into the Vagina, there is felt something like a Bowl, which seems to be above four Fingers breadth in Diameter, but the Thickness cannot be certainly known on Account of the Difficulty of introducing the Finger between it and the Side of the Vagina.

The Woman who attended her and saw this Pessary before it was introduced, says it was about the Size of a Tennis-Ball, made of two large Buttons of Cork, joined

End to End, and covered with Wax. Endeavours have been used to extract this Pessary, which was introduced with a good deal of Difficulty, when she had not been delivered above six Weeks, the Entrance of the Vagina being contracted. This Pessary has no Hole in the Middle, as is usual, according to the Nurse's Account. What Method must be taken to extract it?

A N S W E R.

The Pessaries are generally made in the Shape of a round or oval Ring, about half an Inch thick, of Cork, on Account of it's Lightness, and covered with Wax. The Figure of this not allowing of it's being taken hold of like those that are open in the Middle, you must endeavour to break it with proper Forceps, without which you will not be able to extract it, on Account of it's Size; then you may take out the Pieces, as I have done upon the like Occasion.

The SURGEON'S LETTER.

According to your Advice, I made use of the Forceps for extracting the Stone out of the urinary Bladder. The Wax being softened by the Heat, gave Way to the Forceps, therefore I could extract but very little at a Time; and extracting it by such small Pieces, I was about it three Days successively. As this could not be done without giving Uneasiness to the Vagina, the Entrance of which was much narrower than the Bottom, I thought it proper to let the Parts lie quiet after some Attempts, and afterwards to bathe them several Times a Day with Wine. The Matrix has never descended since, and the Woman has had no Children since the Extraction of the Pessary.

An imperfect PHYMOSIS.

A MAN fifty Years old, has had no Commerce with any Woman but his Wife for these thirty Years that he has been married. He never received any Injury from her, and for some Time past has seldom had any Commerce with her; but the Condition he is in at present gives him Cause to suspect her, because he feels a Soreness upon the Glans, and a purulent ferous Humour discharges from under the Prepuce.

He could before uncover the Glans when he had a Mind to do it, but cannot at present, and has a kind of Phimosis. In this Situation he consults you. What do you think of it? And what ought to be done?

A N S W E R.

It is very possible that this Patient has either a Gonorrhœa or Chancres; but it is also possible that he may not have them
notwith-

notwithstanding Appearances. It is easy to discover if it is a Gonorrhœa, for the Phimosis being imperfect, the Orifice of the Glans may be easily seen, and you may examine whether the Matter issues from the Urethra, by pressing along the Canal. If it is so, proper Remedies must be given for it; but you must likewise cleanse the Inside of the Prepuce, by making Injections between it and the Glans, to remove the Matter that lodges there, and causes the Inflammation of that and the Glans. If there are Chancres between them, they may be easily felt through the Prepuce by the Hardness which always accompanies them. They may be behind the Corona, or upon the Glans; and in that Case there will be a Necessity to divide the Prepuce as far as the Corona, that it may be dressed at the same Time that proper Medicines are administered.

• But the Misfortune this Patient complains of may proceed from a more innocent Cause, as he has not known any other Woman but his Wife, who is a sober and healthy Woman.

There is upon the Corona Glandis a great many sebaceous Glands, from which is secreted a mucous Liquor in very small Quantities. If Care is not taken to wash the Part, this Liquor will sometimes thicken to a kind of Grease, and it is possible, that, by being heated or fretted, the Parts may be so irritated as to produce an Inflammation; the Glans will then swell, the Prepuce will contract, and a Phymosis ensue.

If the Patient the Consultation is held on, has neither Gonorrhœa nor Chancre, most probably it is that which occasioned the Complaint.

To relieve it, it will be sufficient to wash it with Wine and Water, or some desiccative Liquor, such as Plantane-Water, with a little Saccharum Saturni dissolved in it, thrown up with a small Syringe between the Prepuce and the Glans, and it will soon be well. The Cause being removed, the Effect will cease, and the Glans may be uncovered. It will be proper to advise the Patient to wash the Parts often, to prevent
a Return

a Return of the Disorder, which might otherwise happen from the same Cause.

I have seen it more than once mistaken for a venereal Complaint, and treated as such very improperly.

A WOUND on the MUSCLE THENAR.

A MAN has just cut himself almost across the whole Muscle Thenar, the Wound having penetrated nearly to the Bone. The Blood springs from two Arteries, one at the Bottom of the Wound, and the other in the Membrana Adiposa. What should be done to this Wound? Or how should it be dressed?

A N S W E R.

Although the Blood springs from two Arteries, this Wound is in the Circumstance of being speedily united by the Suture with a Needle and Thread, which is necessary on Account of the Direction of
the

the Wound, and as a Bandage is not sufficient to keep the Lips of the Wound exactly together. It is true there are two Arteries opened, which without Doubt are two Branches of the radial Artery. But we know that the Finger only, pressed gently on the Opening of a divided Artery, is sufficient to stop the Bleeding. Therefore the Junction of the Lips of the Wound will be sufficient to stop the Blood from these two small Arteries; and the Lips being close to one another, will have the same Effect as the Finger pressed on them.

You must begin by applying the Turniquet to the Wrist, that the Blood from the radial Artery may not interrupt you in your Work, and that none may remain in the Bottom of the Wound after it is sewed up. Afterwards the Wound must be washed with warm Wine, to cleanse away the Clots that are there, and the Blood being stopped, you must make two Stitches of the interrupted Suture; when that is made the Turniquet should be removed, and a small thick Compress applied upon the radial Artery near the Wrist, sustained by three or
four

four Turns of a Roller moderately tight, in order to restrain in some Measure the Passage of the Blood.

You may add to the interrupted Stitches some dry Sutures to strengthen their Hold, and the Thumb must be bent and fixed so, as to be kept still, in order to hasten the Cure.

If the Wound was made in such a Direction, that the bending of the Thumb would bring the Lips exactly together, I should not propose any Suture.

By these prescribed Attentions, I have known a Wound of this kind cured in four Days, notwithstanding the two Arteries were opened, which by this Method did not bleed any more.

A SUPPRESSION of URINE.

A MAN of five and forty, of a strong Constitution, who has never run the Risque of any venereal Disorder, observed about four Years ago, that he made
 Water

Water with some Difficulty, and that the Stream of Urine was much smaller than usual. This Complaint has gradually increased, and at length he consults you, because in making Water he feels very great Pain, and for these five or six Days has not made any but by Drops.

To find out the Cause of the Disorder, a Sound has been introduced into the Urethra, and passed as far as the Prostate or the Neck of the Bladder, but could not be passed into the Bladder. Endeavours have been likewise used to introduce pretty stiff Bougies, and some very small; but they all stopped at the same Place as the Sound, and could not be got any farther.

The Patient has been bled three Times at some Hours Distance, but notwithstanding cannot make Water.

The Bladder is growing fuller, and it may already be felt prominent above the Os Pubis. He feels great Pain in his Loins, and the Fever is much increased. It does not appear to be an Inflammation lately come on, as it is above four Years since the beginning of the Complaint, and it has gradually

dually augmented. What Method is there to be taken ?

A N S W E R.

The Disorder being of long standing, which has gradually increased, it is plain that this is not an accidental Swelling and Inflammation of the Neck of the Bladder ; but according to all Appearance is a schirrhous Tumour of the Prostates, or some other schirrhous Tumour that contracts the Neck of the Bladder ; consequently there is no Hopes that a speedy Relaxation of the Parts will permit a Passage for the Urine, nor the Introduction of the Catheter ; and the Complaint having increased by Degrees, it is not a Case for the Puncture in Perinæo, or above the Os Pubis.

It is necessary therefore to make a free Passage for the Urine as soon as possible ; and to do this, such an Opening must be made in the Perinæum as is made in Lithotomy, which we call making the Button-Hole, without which the Bladder will soon mortify.

It

It is true that the common Staff which should conduct the Knife into the Neck of the Bladder, cannot be introduced any more than the Catheter, and therefore the Knife cannot be directed further than to the outside of the Neck of the Bladder ; but that is sufficient.

You must make use of a Staff open at the End, introduce it as far as the Neck of the Bladder, and by the Help of the Groove make an Incision as near the Neck as possible ; you must then slide a pretty long and pointed Bistoury along the Groove, and pierce through the Obstruction into the Bladder.

As soon as the Urine is observed to issue out, you must push the Staff into the Bladder, which will follow the Bistoury without Difficulty. The Neck of the Bladder must be divided with the Prostate, and an Incision made the whole Length of the Wound, capable of permitting the Introduction of the Finger, as is done in Lithotomy. The Finger will easily distinguish the Hardnesses which may be there, and conduct the Knife to cut them in order to
bring

bring them to Suppuration. By Help of the Finger or a Gorget, a Canula likewise may be introduced, one End of which must be in the Bladder, and the other without the Surface of the Wound in Perinæo.

It must be left there a pretty long while, that whatever obstructs the Exit of the Urine may be dissolved and softened by the Suppuration.

In Time this Wound will heal, as that in the Operation for the Stone, and the Urine will resume it's natural Course.

You must observe that if the Operation is not performed soon, the Patient will certainly die ; because the Fever and Pain will soon exhaust him, and the Bladder may mortify, as I have seen happen ; nay even burst and empty itself into the Pelvis ; an Accident which should be prevented, and which actually happened to a Patient, on whom the Operation was not performed according to my Advice.

A SUPPRESSION of URINE.

A M A N forty Years old, who has had several Claps, for some Years has observed that the Stream of his Urine has every Day become smaller. Having drank very freely three Days ago, he was seized in the Night-Time with a Difficulty of making Water, and afterwards with a Suppression of Urine, for which he has been bled three Times without receiving any Relief. The Bladder is so full that it appears prominent above the Os Pubis, and is extended almost as far as the Navel: In Consequence the Patient is continually wanting to make Water, without being able to do it. He has an irregular Pulse, and violent Pain which reaches as far as the Kidneys, whose Pelvis is without Doubt equally distended by the Urine, as well as the Ureters, which are filled with Urine as the Bladder is.

All this denotes that the Urine should be discharged as soon as possible. I would have introduced the Catheter, but the Introduction

introduction of it into the Urethra becomes proportionably painful the further it passes, and it cannot be got any further than the Bulb of the Urethra. I have attempted to introduce Bougies ; but neither the Catgut which commonly enters easily, nor those made of Linen or Taffety waxed and rolled up, can open a Passage at the Bulb of the Urethra ; perhaps even the Neck of the Bladder is as much contracted as the Bulb. The Case is pressing ; for the Bladder is so distended, that possibly it may have already lost it's Power of Contraction, and if not speedily emptied may gangrene. What should be done to relieve this Patient, and cure him ?

A N S W E R.

In this Case, where there is no Time to be lost, an Operation capable of procuring a free Discharge of the Urine must be immediately performed. What Operation is the properest is Matter of Consideration.

The Operation called making the Button-Hole might be performed, to introduce a

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Canula

Canula into the Wound, and cause a Suppuration in all that Part of the Urethra from the Bulb to the Neck of the Bladder, and even the Neck itself, which perhaps may be also diseased. But as the Inflammation of the Neck is recent, and there are Hopes that the Urethra and the Neck of the Bladder may both be perfectly cured, I believe that it will be better to make the Puncture in Perinæo with the Trocar, that the Urine may be evacuated that Way till the Inflammation is gone off. A Trocar about as long as what is made use of in Lithotomy, according to the Patient's Size and Fatness, should be chosen, to make the Puncture and empty the Bladder. As the Bladder would soon fill again, and it would be necessary to repeat the Operation in a few Hours, the Canula of the Trocar must be left in the Wound: And lest it should slip out, must be fastened with a Lace, by Means of two Holes in the Shoulder of the Canula, and the Passage stopped with a Stopple, which may be removed when the Patient wants to make Water.

As the Operation will only remove some of the Symptoms occasioned by the Retention of Urine, that will not be sufficient; Endeavours therefore must be used to restore the Urethra and the Neck of the Bladder to their necessary Diameter for the Passage of the Urine: The Canula of the Trocar therefore should be left in till that is effected, which may be done by the Means of Bougies, the Use of which should begin in about two Days, if the Inflammation is gone off.

At first they should be very slender, and I make no Doubt but that in a few Days you will succeed imperceptibly, so as to make them enter the Bladder; and when once the Bougie has cleared it's Way and entered into the Neck, it should be left there a whole Day, or even two, if it is not too uneasy to the Patient? besides the Urethra will be able to bear it's Continuance there so much the easier as it becomes softer.

When that is withdrawn, a thicker one should be immediately introduced, and thus they should be successively changed as there

is Occasion, gradually augmenting their Size. This may be easily done, as the Urine has a free Discharge through the Canula, whereas according to the common Use of Bougies, there is almost always a Necessity to change them in a few Hours to make Water.

The proper Time to remove the Canula may be known, if leaving it's Stopple in, the Water comes away easily and with some Force through the Urethra, upon taking out the Bougie ; but it must not be left off till the Canal is sufficiently enlarged, which may be known by the Size of the Stream of Urine.

If from the Distension of the Bladder at the Beginning of the Illness, it has lost it's Power of Contraction, which is necessary to expel the Urine briskly, I think it will not be proper to remove the Canula till the Bladder has recovered it's Tone : This you may judge by the Manner in which the Urine discharges through the Urethra after the Bougie is withdrawn. If it only dribbles, it shews the Bladder has not recovered it's Strength.

When

When the Puncture in Perinæo is indicated and performed, the Bladder will always retract itself beyond the Canula, in Proportion as it is emptied, and might slip from it: The Canula will then be found too short and of Course useless; therefore by considering the Distance between the Skin of the Perinæum and the Bladder, according to the Size of the Patient, it is easy to chuse a Trocar long enough to enter at least an Inch into the Bladder, without which it will be found too short, on Account of the Make of the Bladder, an Accident which should be foreseen and prevented.

Having made the Puncture in a similar Case to this, I left the Canula in for seven Weeks, without any Accident happening. How should it occasion any? Do not we often after the Operation of the Stone introduce a Canula, the End of which goes farther in than an Inch? Having succeeded in restoring the Canal to it's Diameter, I then withdrew the Canula. The Wound healed in three Days.

A SUPPRESSION of URINE.

A M A N fifty Years old, having supped in Company, and drank a little more than ordinary, is attacked in the Night with a Suppression of Urine, and immediately has Recourse to you. *Note*, That he had a Clap in his Youth, in the Cure of which he made use of drying Injections. He has been cured a long while, nevertheless he has perceived, that ever since that Time, the Stream of his Urine was somewhat smaller than before. What is there to be done?

A N S W E R.

As this new Distemper is probably occasioned by a Phlogosis, or Inflammation of the Neck of the Bladder, the Patient should immediately have the Catheter introduced, that the Bladder may not lose it's Power of Contraction, by the filling and Distension of it. Soon after he should be bled twice or thrice

thrice at some Hours Distance, to take off the Swelling at the Neck of the Bladder.

But, according to the Account of the Patient's Manner of making Water previous to this new Complaint, it is possible that the Catheter cannot be passed far into the Urethra, as probably it may be become narrower at the Bulb, or the Neck; or possibly the Prostate being swelled and perhaps inflamed, may form an Obstacle to the Introduction of the Catheter into the Bladder. On this Supposition, the first Thing to be done, while Endeavours are used to abate the Inflammation, must be, if possible, to make a Passage for the Catheter, by enlarging the Canal by the Use of Bougies capable of dilating it. For this Purpose, those made of Catgut seem to be most proper, because though very small they will not soften in the Canal by the Heat of the Part, as those do which are made of Taffeta or Linen. They will likewise swell with the Moisture, which the others will not do; and by this Means increasing their Thickness, will dilate the Passage without Violence or Uneasiness to the Patient. In such

a Case as this, it is sometimes a long while before the Bougie can be passed as far as the Neck of the Bladder ; consequently if it is made of waxed Linen or Taffeta, it will be heated and softened so, that it will bend, and not be stiff enough to open the Passage to the Neck of the Bladder ; but the Catgut ones are a long Time before they grow soft.

A N S W E R.

Having been sent for to this Patient, I succeeded in introducing into the Bladder a very small Catgut, strait, very smooth, and rounded off at the End, such as are used for the third String of a Violin.

In about half a quarter of an Hour I withdrew it, swelled, and then introduced another of the same Thickness as the first was when I withdrew it. I afterwards introduced a third bigger, and judged upon withdrawing that, I could introduce a very small Catheter. I immediately introduced one very carefully, that I might make no false Passage by piercing the internal Coat of
the

the Urethra, which is to be feared in making use of a small Catheter. I left the Catheter in, after having emptied the Bladder, and put a Stopple into the Catheter. The second Time I drew off the Water from the Patient, I observed the Urine to come away briskly, from whence I judged the Bladder had lost but little of it's Force. *Note*, This Patient had not lost three Days before he asked for Assistance, as he of the preceding Consultation had done.

It were to be wished in Suppressions of Urine, that the Catheter was always introduced soon, because the Bladder only loses it's Force by it's extraordinary Extension. When it has lost that, the Catheter should be left in till it has recovered it : It is only in Cases of the Palsy of the Bladder, that the Patients are under the hard Necessity of keeping the Catheter in a long while, and sometimes even during their Life.

A WOUND in the HAND.

A MAN received a Wound on the Back of his Hand by a broad Sword. He dressed it himself, and the Wound was cured in a few Days. It is a Month since the Accident, and now he wants Advice, because he cannot extend the middle and ring Fingers, which have always continued bent. What do you think of his Condition? And what is there to be done?

A N S W E R.

Without Doubt the extensor Tendons of these two Fingers have been divided, and the Patient not having kept his Fingers and Hand extended, the Ends of both the divided Tendons are so much the farther separated from one another, as the fleshy Part of the Extensors have retracted the upper Part of them towards the Elbow, at the same Time that the Flexors have drawn the lower Part of them downwards towards the Joints

Joints of the Fingers. The Ends of these Tendons being thus separated from one another, are cicatrised with the neighbouring cellular Membrane, and all the Space between them which they occupied in their natural State, is filled up by the Cicatrice.

Is it proper to cut the Cicatrice and divide the Skin above and below to find the Ends of the Tendons, which are retracted and separated to a greater or less Distance, and to unite them by a Suture, as advised by the Ancients? Besides the Thing being impossible on Account of the Cicatrice formed at the Bottom of the Wound, I cannot advise it to be done for several good Reasons. 1. The upper Part of each Tendon cannot be brought near the other, without Force, because the muscular Fibres which are contracted will with-hold them; and supposing it possible to make an exact Suture, the Fingers might then continue extended without any Flexion; consequently they would remain useless and troublesome, as the Fingers are of no Use except they can be bent. 2. It would be impossible to exactly cover that
Part

Part of the Tendons where the Sutures are made with the Skin, therefore they would suppurate; and supposing they should not slough off, the Cicatrice will be fixed there, and the Fingers remain extended. 3. The Inflammation which might ensue might also produce great Disorders.

I therefore advise Things to be left in the Condition they are. It is more serviceable for the Fingers to continue bent, without Power of Extension, than to be extended without a Power of bending; for when they are extended they are of no Use.

The TENDO ACHILLIS partly divided.

A MAN has just received a Wound on the Tendo Achillis by a Scythe; but it is not above half cut through. How should this Wound be dressed?

ANSWER.

A N S W E R.

The dividing the rest of the Tendon must not be permitted. It is very true that if the Foot is not perfectly extended, and even a little forcibly, the Distension which the Fibres that are not cut will suffer, will bring on bad Consequences. But a little forced Extension of the Foot relaxing the *Gastrocnemii* and *Solaris* Muscles, the tendinous Fibres that are not cut will not be distended, and the Cure of the divided ones will only be the more certain and speedy. As to the Dressings and Treatment, they must be the same as if the Tendon was entirely divided.

There must be a great deal of Difference made between a large Tendon which is but half divided, and a large or small Tendon that is only punctured. In the divided one, the nutritious Juices do not stagnate and corrupt, and even the Blood and Lymph discharged from the neighbouring Parts that are wounded mix along with them; but in the simple Puncture of a small or
large

large Tendon, they stagnate, corrupt, and irritate ; this is the Reason that a Puncture occasions more terrible Symptoms than an Incision does.

A SUPPRESSION of URINE.

A CHILD eight or nine Years old, within these three Days has had a Suppression of Urine. His Belly is much distended, particularly the Hypogastrium ; he is in violent Pain and very feverish ; from his Infancy he has been subject to a Prolapsus Ani, and every Time he makes Water or goes to Stool, Part of the Rectum descends. The straining of the Child in endeavouring to make Water, has made the Rectum come down more than ever, and it is now down above six Inches. The Parents being accustomed to it, are not alarmed at this, because they have been used to put up the Intestine, and are only uneasy about the Suppression of Urine ; and it is for that they desire your Advice. The Surgeon

Surgeon would have introduced the Catheter, but could not, as it stopped near the Neck of the Bladder. What should be done to relieve this Child?

A N S W E R.

It is not to be wondered at that the Catheter could not enter the Bladder. It's Neck and the Rectum are surrounded by the Fibres of the Levator Ani, and the Descent of the Rectum has changed the natural Situation of these Parts; and this is the chief Obstacle to the Introduction of the Catheter. The first Thing to be done is to reduce the Intestine, and afterwards keep the Finger in the Anus, which must be sufficiently wide, without which the Gut will come down again directly on the first Efforts to make Water; by doing this, possibly the Child may make Water, if the Bladder has not lost it's elastick Power by being too much distended. If he does not make Water soon, it will at least be possible to introduce the Catheter, observing to have somebody support the Rectum with the Finger.

Finger. The Catheter should even be left in the Bladder, and secured for Fear it should come out, and there should be Occasion to introduce it again in an Hour's Time; for in this Case the Bladder may be filled again in less than an Hour. It will be known by the Manner the Urine comes away in, whether the Bladder has lost it's Spring by the over Distension. In this last Case the Catheter must be left in the Bladder as long as it is necessary, that is to say till the Bladder has recovered it's Strength, which will be known by the Velocity with which the Urine comes away through the Catheter.

A SUPPRESSION of URINE.

A MAN forty Years of Age, is suddenly seized with a Suppression of Urine. The more the Bladder fills, the more he endeavours to make Water without Effect; the Pain considerably increased, and at length, in about five or six Hours, he

he makes a few Drops, which gives him Ease only for a Moment: He makes as much every Instant; and as that gives him no Ease, you are consulted some Hours after. Please to take Notice, that in about thirty Times he has made fifteen or sixteen Ounces of Urine, and that nevertheless he still suffers very great Pain. What ought to be done to relieve him?

A N S W E R.

Though the Patient makes Water every Instant, the Bladder is still certainly full; it may even be perceived to protuberate, raising the Skin of the Belly above the Os Pubis; and if you press your Hand on it, it increases the Pain and the Inclination to make Water, which is a Proof of it's Fullness; therefore what has been made by the Patient is only from the Overflowing; in Consequence this Evacuation does not take off from the Necessity of introducing the Catheter as soon as possible, for the Kidneys, their Pelvis, and the Ureters, are as full as the Bladder.

The Patient's Age gives no Reason to suspect a Palsy of the Bladder ; but the long Retention of Urine is the Reason that it has been over-filled, and therefore in all Probability it has lost some of it's Power of Contraction, which it will not recover very soon. The Catheter must be left in and secured from coming out. It should be stopped with a Stopper of waxed Linen rolled up, which will stop it exactly, and is not liable to be broke as a Cork is. This Stopper should not be taken out, but when the Patient certainly wants to make Water. If it comes away continually, without Notice, it will be contrary to the Order of Nature, which is to have the Bladder alternately emptied and filled.

The SURGEON'S ANSWER.

More than four Pints of Water were drawn off by the Catheter. It was left in, and in about two Hours three Pints more were drawn off, and then the Catheter was taken out ; when the Patient afterwards wanted to make Water he could not, therefore

fore the Catheter was again introduced and left in. In a few Hours the Water appeared thick, and being saved, there settled at the Bottom of the Pot a Quantity of small white Spots, which swim upon stirring of the Water, and afterwards sink to the Bottom of the Pot. What is this Substance? And what should be done to help this Patient? How comes the Bladder to have lost it's contractile Power? How should it recover it? And how will it be known when it has?

A N S W E R.

The Bladder has lost it's contractile Power from it's musculous and membranous Fibres having suffered too great an Extension, before the first Time of introducing the Catheter.

In Consequence the whole Bladder is hurt, and there are some Obstructions formed in it, especially in the sebaceous Glands which are placed in it's thick Part. These Glands now empty themselves by a kind of Suppuration, and this sort of Pus

falls into the Bladder by their external Canals, which open into it's Cavity through the inner Membrane. This is what makes the Appearance of all these white Spots.

The Bladder will not recover it's Strength but by Degrees, according as the Obstruction is a longer or shorter Time in going off. This generally continues twenty, thirty, or forty Days, more or less, according to the Degree of Distension the Bladder has suffered.

The Catheter should only be taken out once a Week to clean it, and must be introduced again as soon as the Patient wants to make Water. I mention cleaning of it, because some Slime might stop in it's Cavity; nay sometimes we have even seen the two Eyes at the End of it incrusted over with Gravel, which has prevented the Passage of the Urine.

To facilitate the emptying of the Glands into the Bladder, two or three Times a Day, Injections of Barley-Water, and a little Honey of Roses, should be made through the Catheter into the Bladder.

I do not direct what Quantity should be injected, that must be regulated by what the Bladder can bear without Pain. Before every Injection he should empty his Bladder, and the Injection should continue in till he wants to make Water. When no more of the white Spots appear in the Urine, two Spoonfuls of distilled vulnerary Water should be substituted in the Room of the Honey of Roses.

It is a Sign the Bladder has recovered it's Power, when a little Urine is observed to come away from the Penis on one Side of the Catheter, while it is stopped. The Catheter then may be taken out in about two Days. I say it is a Sign, for it is not a certain Rule, as I have seen some Patients who were in that Case, and in whom I have been obliged to replace the Catheter, because they could not make Water without that Assistance. If the Bladder is paralytic, the Catheter must remain in as long as the Palsy continues.

In this Case, for the Conveniency of the Patients, a Catheter should be introduced, made in the Form of an S; and then they

may get out of Bed and walk about, as this Catheter will stay in without being fastened.

A FRACTURE of the PATELLA.

A YOUNG Woman four and twenty Years of Age, being upon her Knees, and endeavouring to rise, broke her Kneepan tranversely, in Consequence of which she fell down upon the Ground. Being carried to Bed, without knowing that her Kneepan was broke, a Swelling came on all over the Knee, which so exactly concealed the Cause of the Complaint, that the Fracture was not perceived. Every Thing was done in Consequence of the Swelling and the Pain, which was considerable, that could contribute to abate them. At last, in about eight or ten Days, they went off, and the Patient thought herself cured. Nevertheless she could not extend her Leg, nor keep it extended without the Foot being supported, which was attributed to

to the Weakness of the Part ; and this Leg being extended by any Person, immediately on their quitting it, returned to it's State of Flexure ; in Consequence the Patient cannot stand upon it in any Manner. In about three Months after it happened, they discovered that the Patella was broke transverse-ly, which is the Reason she cannot extend her Leg ; it may be felt with the Finger, that the upper Part is separated an Inch from the lower, and they may be moved crossways, that is, one may be pushed to the right and the other to the left, without the upper one being brought nearer to the lower one. The Patient feels no Pain, not even when it is moved any Way, but the Inconveniency remains, and she sees herself reduced to the Necessity of passing her Life either lying down or sitting. Is there any Method to remedy this Accident, and restore her to the free Use of her Leg ?

A N S W E R.

During the three Months that these two Parts of the Patella have been separated, a

fort of Callus is formed to each of them, and between them a Cicatrice, and a Union of the two aponeurotic Parts, that, being placed above and below the Patella, surround them in their natural State; the two Parts of the Patella therefore are divided for ever, without a possibility of being brought together. From the Instant of the Fracture, the Muscles which drew up the superior Part contracted to a certain Degree, by the Elasticity with which all our Fibres are endued; and whatever Contraction extraordinary the Patient wants, they cannot effectuate sufficient to extend the Leg, or keep it so when it is extended: For that, they must be capable of double the voluntary Contraction they were accustomed to when well; but that they cannot be, as Nature has given them only a certain Degree of Contraction dependent on our Will.

It is only then by procuring an extraordinary Contraction to the muscular Fibres of the Extensors, which are already contracted to a certain Degree, that a Cure can be effected. We must therefore begin by giving, or to speak more properly, by causing
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ing a contrary Disorder to the Leg than what affects it at present; acting in such Manner, that the Leg being once extended, it cannot afterwards be bent by any Means whatever.

We know that all our muscular Fibres are shortened at our Pleasure, by a Contraction proper to them, and which continues no longer than we please; but we likewise know, that all our Fibres, muscular or others, continually tend to shorten, and that they insensibly contract to a certain Point determined by Nature, independent of our Will, when nothing opposes it. Experience proves this; for if on any Occasion the Fore-Arm is kept bent for six Weeks or two Months, as we see sometimes on Account of Fractures, the biceps and brachial Muscles which bend the Arm, insensibly contract themselves in such Manner, that it is impossible to extend the Fore-Arm. Therefore from this Example the same Thing is to be done to this Leg, and we must act in such Manner as to keep the Leg extended for two or three Months, without ever permitting it to be bent. During

ring this Time, the extensor Muscles, which are already contracted, will contract themselves still more by the Elasticity of their Fibres, and it will not be possible to bend the Leg. It will then be necessary for the Patient to use herself for some Time to walk with her Leg straight, without attempting to bend it. And even if it was to continue extended in this Manner, it would be more useful than when it bends under the Weight of the Body.

In about five or six Months the Patient must endeavour to bend her Knee, putting the flexor Muscles into as great a voluntary Contraction as she can, letting the Body rest on the Limb, endeavouring at the same Time to extend it, by accustoming the extensors to a voluntary Use, which has been lost ever since the Fracture. In this Manner she should endeavour from Time to Time to restore the Leg to it's natural Motions, and this will be obtained sooner or later, according to the Person's Strength or Alertness.

The EVENT.

Here follows the Fruits of Experience. A Patient to whom I was called some Years ago, was in the abovementioned Circumstance for four Months, and then had Recourse to me. I treated her in the Manner that I have just advised, and in about a Year she walked as well as if the Patella had never been broke, or the Fracture been reduced ; nevertheless, the two Parts of the fractured Patella remained separated above an Inch. I have since treated in the same Manner another Patient, who was very fat and indolent, and in the same Case. This Person was near two Years in recovering the Use of her Leg.

There is nothing wonderful in the Patella's breaking in getting up, as well as in falling down, on Account of the Weight of the Body, joined to the strong Contraction of the four extensor Muscles which act together. Besides that, there is a Disposition in the Patella to this Accident, as appears by the following kind of Proof of it's happening.

happening: About thirty Years ago I reduced the right Patella of a young Woman of twenty Years old, which was broke by some Means unknown to me. In about a Year after, she felt some slight Pains in the other Knee, and in the Morning she said to several of her Acquaintance, she felt something she could not describe, that made her believe the other Kneepan would break as well as the former ; and actually as she was walking that Evening in the Garden with the same young Ladies, her Kneepan broke transversely, which made her fall down. They sent for me, and I reduced it. I found the Knee a little swelled, and was not surprized at it, because she was in a Convent four Leagues from *Paris*, and seven or eight Hours had elapsed before my Arrival.

The Consequence of a BAD LABOUR.

ALADY twenty-two Years of Age, three Years ago had a very bad Labour, in which, as she told me, the Head of the Child continued three Days in the Passage. It is natural to imagine, that all the neighbouring Parts must have suffered greatly by the Compression. This occasioned a Mortification, which destroyed the Conformation of the Parts. The Rectum escaped the Mortification, but the Urethra was destroyed in such Manner, that the Day after the Delivery the Urine was discharged through the Vagina. All the mortified Part of the Vagina by Degrees separated, and at length an irregular Cicatrix was formed, which has left only a very narrow and almost imperceptible Passage from the Matrix to the Labia Pudendi. Since this Misfortune, her Menses have come away with great Difficulty, for the smallest Clot of Blood formed in the Passage, that is to say, from the small external
Opening

Opening as far as the Neck of the Uterus, stops up the Passage, and the Patient suffers violent Pains which she calls Womb-Colicks.

For more than a whole Year the Urine has come away freely by the same Hole, the Urethra being destroyed by the Mortification ; but gradually by little and little it has come away only by Drops, which has occasioned frequent Pains. At length the Lady sent for her Surgeon to attend her, after which she has sent you the above Account, with the Surgeon's Relation as follows.

Between the Labia Pudendi there is a very irregular Cicatrix, sunk in, of the Shape of a Funnel, corrugated in such Manner, that it is with much Difficulty one can discover a small Hole at the Bottom. Introducing a Probe, you feel a Stone at about three Inches depth, neither the Size nor Nature of which can be discovered, because the Probe cannot be moved in this narrow Passage. Without Doubt it is this Stone which makes the Passage of the Urine and the Menfes so difficult. What
is

is to be done to cure this Disorder, or to put the Patient out of Danger of worse Consequences?

A N S W E R.

To proceed properly in a Case of such Difficulty, we must endeavour to form a right Idea of the unnatural State the Parts are left in by the Cicatrix, formed after the Destruction of the Parts which suffered in the Labour.

It is probable that the Urine issuing out of the Bladder has taken an oblique Course, by which it passes to the opposite Part of the Neck of the Womb, in order afterwards to be discharged through the narrow Passage that the Cicatrix of the Inside of the Vagina has left.

If there is a Stone, it has come out of the Bladder in Gravel, and so a calculous Concretion may have formed by the long Retention of some Drops of Urine, as we see sometimes under the Prepuce of Children; and this Gravel could not be forced away by the Urine, on Account of the narrowness of the Passage.

Whatever

Whatever should be done, it will be impossible to restore the Urethra, which is gone without Recovery. It is also as impossible to restore the Vagina to it's former State; and all that Art can do, is to make the Passage, preserved by Nature for the Discharge of the Menfes and Urine, larger, and consequently better. This may be done two Ways, that is, either by an Operation or a simple Dilatation.

The Operation consists in making two Incisions, one to the right and the other to the left, beginning at the lower Part of the small Orifice, and carrying it towards the Buttock, as far as the two Tuberosities of the Ischium. When this is done, the Finger must be introduced into the Opening, and upon that a strait blunt-pointed Bistoury, to cut the Cicatrix of the Vagina it's whole Length, to the right and left, avoiding the Rectum. A Scoop or Forceps may then be introduced as far as the Stone, to extract it. A Canula of a proper Length and Thickness must then be put in and secured in the Vagina, to extend and keep the Sides separated till a new Cicatrix is formed.

All

All this may be done, but not without Inconveniency. I know by this Method the Stone may be extracted; but if any Thing, as the Menfes, Pain, or other Accidents, should happen, that would prevent the Canula's remaining long enough for the Cicatrix to be perfectly formed, and even some considerable Time after, it is certain the Operation will become uselefs from the Straitness of the Passage, as the Cicatrix would soon return to it's former State.

The second Method to be made use of in Surgery, is the dilating the whole Passage as far as the Stone; this there may be Hopes of accomplishing, by a constant and long continued Use of Bougies made with Catgut, the Thickness and Number of which may be augmented without Danger, till by the Enlargement they are capable of, they stretch the Sides of the Passage through which the Menfes and Urine discharge. This Method is not painful nor liable to Inconveniencies.

The EVENT.

In Consequence of my Answer, the Lady came to *Paris*, and having examined her, I found the Relation given to me of her Condition was very right and exact.

Dilating was the Method I preferred; I introduced through the small Orifice a very small Catgut, such as the treble String of a Violin, blunted at the End, three Inches long, and greased with Pomatum. This swelled with the Moisture; but an Inclination to Urine coming on, there was a Necessity of removing it, as it entirely stopped up the Passage. One of the same Size was put in Night and Morning, and in about four Days I was able to put in another somewhat bigger.

The repeated Use of this and thicker, for I went on, till at last I insensibly arrived at the largest of the Violincello; this Use, I say, increased the Dilatation made by the first so much, that when the largest could enter easily, I put in two close to one another, then three, then four. Thus I augmented

mented the Number during three Months that I introduced them, till they amounted to fourteen, which together were nearly the Thickness of my Finger, and were left in by the Patient Night and Day. Between them I put a small leaden Canula, of the Bigness of one of the swelled Catguts, that the Want of making Water might not make it necessary to remove them. Each of these was rounded at one End by a File, and a Thread fastened at the other, that they might be the easier removed. They were easily introduced when hard and dry, one after the other, and when swelled were extracted in the same Manner, but enlarged and softened.

I continued in this Manner the Use of the Catgut Strings for three Months, but was several Times interrupted by the Menfes, Colicks, and other Inconveniencies.

Notwithstanding this, the Passage was made large enough to easily introduce a female Catheter about one third of an Inch thick.

I then searched with this Catheter for the Stone, which I had touched the first

Day with the Probe, but could not find it again. Apparently being of a soft Texture, it had been crumbled and broke by the frequent touching of it with the Catguts, and came away like Sand. In Fact, we often observed some small Pieces of Gravel on their Surface when they were extracted.

The Menfes and Urine discharge easily and without giving any Pain. What more could have been done by the Operation? Could it have put the Woman in a Condition to cohabit with her Husband? Certainly not, because the Hardness of the Cicatrix would have obstructed it. But supposing even that the Thing was possible, and the Woman was to become pregnant, in what a dangerous Situation would both the Mother and Child be.

I advised the Lady to continue the Use of the Catgut, to preserve the Diameter of the Passage; and I make no Doubt but she did, as she continued very well.

In another Consultation we have seen the great Utility of the Catgut Strings, in keeping open for six Weeks a Wound made
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in the Perinæum, in order to extract a Stone fixed in the Urethra; which could not be done with a Canula, without a great deal of Inconveniency and Pain to the Patient.

*A DISORDER arising from the ceasing of an
HÆMORRHOIDAL FLUX.*

A MAN fifty Years old, had for many Years been subject to the Piles, Two Years ago this customary Evacuation ceased, and six Months after he was troubled with a Noise in his Ears, which terminated in a Suppuration and Discharge. Since that, very obstinate Tetters have affected his Face, and these Appearances are alternative with the Noises in his Ears. Ought this Complaint to be cured? How should it be treated? And is there no ill Consequence to be apprehended from the Cure of it?

A N S W E R.

It is the Cessation of the hæmorrhoidal Flux that has occasioned these Noises in the Ears, and these Eruptions; for Nature seldom chuses to be obstructed in her own Ways. As the Noise in the Ears is alternative with the Eruptions, from the Humour which occasions them changing it's Place, there is Reason to fear it may fall on the Brain, or some other internal Part, and bring in much worse Consequences.

Perhaps there may be a Way of preventing it, and curing the present Disorders; and it ought to be tried. This is to procure if possible a Return of the hæmorrhoidal Flux, or supply the Want of it. Nature may do this, without the Help of Art, as she has done before; but Art may also invite and excite her to it, or otherwise supply the Defect, as Experience has proved.

For this Purpose it will be necessary to apply Leeches frequently to the Anus, and when they drop off, the Patient must place himself in a Chair with a Hole in it, over the
the

the Steam of hot Water in a Bafon. The Leeches draw but little Blood; but, by Help of the Steam of hot Water, the Orifices made by them will in about an Hour's Time bleed about twelve or fifteen Ounces. After which, a Compress dipped in Oxycrate should be applied to the Part, and the Blood will stop presently.

This should be repeated as often as it is necessary; and if the hæmorrhoidal Flux was periodical and regular, as the Menfes are in Women, the same Period should be observed as was customary in the natural Discharge. If the hæmorrhoidal Flux should return, the Use of Leeches will be unnecessary. Bleeding in the Foot might supply the Want of this natural Evacuation, but I have observed that it does not do so well as the Application of Leeches in the Manner I have proposed.

Nothing should be applied to the Eruptions on the Face, for fear of repelling the Humour and throwing it upon the internal Parts.

If the Disorder continues, notwithstanding the frequent Repetition of the Evacua-

tion I have proposed, it will be right to advise the Patient to chew Tobacco, to relieve Nature by a continual Discharge that Way. An Issue in each Leg likewise will be of Service.

At the same Time it will be proper to make the Patient drink a Pint of Whey every Morning, or a Decoction of Fumitory and the Roots of Water-Dock; bathing may likewise be used, and purging sometimes, to prepare the Patient for a Milk-Diet, in order to amend the bad State of the Blood as much as possible.

An ACCIDENT in BLEEDING.

A VERY fat Lady has been bled in the Foot. The Surgeon not finding the Saphena a good Vein, and perceiving a fair one on the Metatarsus, bled her there, which was attended with no more Pain than in another Place. Two Days after, the Lady having removed the Compress
and

and Bandage, observed a small Scab on the Orifice, which she left on.

This Scab came off two Days after, and a small Discharge issued from the Orifice. Compresses dipped in Aqua Vitæ, Bole Water, and other Applications, have been made use of, and repeated for several Days, this small Wound constantly discharging ten or twelve Drops of purulent Matter in twenty-four Hours, without either Pain or Inflammation in the Foot. Three Weeks having passed in this Manner, the Lady, at length grown impatient, desires to know from whence arises so considerable a Discharge from so small a Wound, and how it may be stopped? For probably that is what hinders the closing of the Orifice.

A N S W E R.

So obstinate a Discharge can only happen from some lymphatick Vessel, which lying under the Skin has been divided across at the same Time the Vein was opened; and as the lymphatick has not united so soon as the Blood-Vessel, the Lymph,
which

which continues to discharge, is constantly appearing at the Orifice in the Skin, and prevents it's closing. All the Desiccatives that have been applied have been of no Service, being constantly washed away by the Discharge of the Lymph: Recourse therefore must be had to another Method.

It is a common Practice in Surgery to stop Hæmorrhages with *Rabel's* or some other styptick Water. These Medicines form an Escar at the Orifice of the wounded Vessel, and extend somewhat further. This Escar stops the Blood, which then takes it's Course by the collateral Vessels; and upon the falling off, we find the Opening of the wounded Vessel either stopped up or closed; and no Flux of Blood. This may serve as a Direction in this Case. As it is impracticable to apply the styptick Water exactly upon the Orifice of the lymphatic Vessel, it will be proper to touch the small Wound with the *Lapis Infernalis*, whose Action is more confined than the liquid Caustics, and continue it on for about half a Minute, that it may form a sufficient Escar. Afterwards dry Lint must be applied,

plied, and the falling off of the Escar waited for. This Application of dry Lint must be daily repeated, without thinking of hastening it's Separation by any greasy Medicine. By this Method it will come away slowly and by Bits; during which Time the Lymph will take another Course, and the Lips of the Orifice will unite gradually, as I know by Experience.

It would be wrong to impute this Accident to the Person who bled her, for before he pierced the Skin with the Lancet, it was impossible to know by feeling that there was a lymphatick Vessel under the Skin, immediately close to the Side of the Vein, at the Place where he made the Puncture; as this Vessel would not swell in Consequence of the Ligature, as the Veins do.

A BAD SHAPE.

A YOUNG Lady ten or twelve Years old, who has always enjoyed good Health, and does now, has her Back-Bone awry, owing to the fifth or sixth Vertebra of the Back projecting from the right Side. On an attentive Examination of the Body, it is observed that both Sides of the Breast are not alike. The right is too flat before and projecting behind, forms a Bunch, because the Ribs being too much bent about three Fingers breadth from the Back-Bone, lift up the Shoulder-Blade, whilst on the left Side the Breast projects too much, and behind is too flat. It is likewise observed, that one of the Hips pushes out more than the other. Upon perceiving this, they made the young Lady wear very stiff Whalebone Stays, and also inclosed in the Inside of them a Steel Plate, to press upon the projecting Shoulder-Blade. What can be the Cause of this Fault of the Bones? And do you believe we can remedy it?

ANSWER.

A N S W E R.

The faulty Shape of the Back-Bone and Ribs may arise from four Causes. The first is a Fault in the nutritious Juices, which is carried to the Bones, and changes the natural Make of them; this is the true Rickets. The second is a bad Habit of holding themselves during their Exercises which are some Time in performing, as in learning to write or draw, &c. The third is the wearing of Stays made too stiff and too tight; for when a young Person finds out a Posture in which the Whalebone Stays do not give so much Uneasiness, they use themselves to that, and by these Means give a wrong Turn to the Back-Bone, and very often also to the Hips. Whalebone Stays, though ever so well made to Appearance, have often made young Women awry for that Reason only. The Spine is also observed to grow crooked from Children in Disorders of long Continuance, constantly lying on the same Side, on Account of the Situation of the Bed.

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When the Spine has begun to grow crooked, it increases pretty fast, and most commonly one of the Hips is elevated, if the Crookedness of the Spine is from the lower Part and on one Side; for the *Ossa Ilia* which articulate with the *Os Sacrum*, cannot avoid following it. This does not proceed from the Hip's growing bigger, but only because it shews itself more projecting, in Consequence of being elevated by the faulty Turn of the Spine, to which it is articulated and fixed.

I have seen others in whom the Spine had a spiral Turn; and in that Case one of the Hips, without projecting, has been turned a little before, and the other behind, for one, two, or three Inches, more or less, in Proportion to the Turn of the Spine; and always for this Reason, that the three or four lowest *Vertebræ* of the Back and the *Os Sacrum*, which makes Part of the Spine, determines the Position of the Hips.

If these Deformities can be remedied, it is only while the Children are growing; for when they are full grown, nothing
more

more can be done than supporting the Body, and preventing the Increase of the Deformity.

The only Assistance Art can afford in all these Cases, is to make them wear a Whalebone Stay, which may be turned every Day; for this will mould itself upon the faulty Shape of the Child, and take it's Form; but by turning it, the Whalebone loses the next Day the bad Shape it had acquired the Day before.

This Stay should be limper on the fore Part, lets so on the Sides, and pretty stiff at the Back. The Shoulders should be kept down with Shoulder-Straps. The Head placed properly should be kept so by a Collar, as the Position of the Head is of great Consequence to that of the Back-Bone.

The stiff Part of the Whalebone Stay being only on the Back, will not confine the Child, but supports and prevents it from growing crooked behind. The Back of the Stay pressing against the Scapula, will be opposed to the faulty bending of the Ribs over which it is placed. The Child being obliged to keep itself upright without
being

being confined, we often find the Ribs and Back-Bone insensibly recover their natural Shape. I repeat it, that the Stay should be worn one Way one Day, and turned the other; because when the Whalebones are heated they yield to the faulty Shape of the Child, which would make them useless if they were not turned: Instead of which, the Whalebones which are bent one Day, lose by a contrary Position the next Day the wrong form they had taken.

If one of the Hips is turned forwards and the other backwards, which supposes the Spine to be a little turned like a twisted Column, the two Hips must be confined. To do this, the Coat-maker should lengthen and join together the Skirts of the Whalebone Stay, in such Manner that the Hips should be in a sort of Case. This kind of Case should be tightened before on that Side that the Hip turns forwards, and loosened behind on the same Hip which is tightened before. The contrary is to be done on the other Side. This may be done by two single Tags, which will fasten them to the Bottom of the Stay, one behind and
the

the other before. The Skirts that are joined and inclose the Hips should be stiff enough to prevent the lower Part of the Whalebone Stay from pressing and making them hollow, that is to say above the projecting Hip at the Waist.

All these Attentions are necessary, till a sufficient Number of ossified Fibres are grown capable of counterballancing those which have begun to grow crooked, and by that Means remedy the whole.

They have often succeeded to my Desire; in others sometimes they have only supported the Child's Waist, so as to prevent their ill Shape growing worse. One may compare these Stays to the Props which the Gardeners fasten to young Trees that grow crooked, which they leave standing till a sufficient Number of strait ligneous Fibres are grown, to counterballance those which have acquired a disagreeable Figure.

As there is in the Blood of many Children a ricketty Disposition, which renders their Juices difficult to ossify, this probably is the Cause of the Joints swelling and the Rickets. It is proper therefore to endea-

your at the same Time to give a greater Fluidity to their Juices. I have remarked, that Antiscorbuticks constantly given, have often done a great deal of good, and seconded our Attentions with the Whalebone Stay that I proposed ; at least I believed I ought to attribute to them a Part of the Change, which perhaps may have solely been owing to Nature.

Children often take irregular and constrained Positions in their Beds, which are capable of adding to the Deformity of their Shape, and make them lose in the Night what Advantage is gained by the Whalebone Stay in the Day, which it will be very proper to remedy, and even to prevent.

This may be done by making them a sort of Whalebone Jumps, but more pliable than those worn in the Day-Time. It is sufficient that the Back is stiffened, and the Shoulders are well kept down by Shoulder-Straps. The Child will then be obliged to lie on it's Back ; but as all Children are found Sleepers, it will easily acquire the Custom of lying in these Jumps ; for Want of which they would lie and sleep in very
irregular

irregular Postures, capable of increasing their Deformity, and by these Means rendering useless all the Pains that are taken to correct and restore their Shape.

The TENDO ACHILLIS divided.

A MAN has just received a cut of a Sabre, which entirely divided the Tendo Achillis, three Fingers breadth above it's Adhesion to the Os Calcaneum. The Wound is oblique and still bleeding: We desire to know what ought to be done?

A N S W E R.

Divided Tendons are re-united by the same Assistance of Nature as the Bones and fleshy Parts. Consequently it is necessary to make use immediately of such Assistance as Art indicates, bringing the Ends of the divided Tendons exactly together, and keeping them constantly in Contact. This will be done, by keeping the Foot in such

a State of Extention as it cannot be bent by the Force of the flexor Muscles, nor any other Means. The following is the best Method for the Purpose.

A Leather Knee-Piece must be applied round the Knee and laced, which should reach no farther than four Fingers breadth above-Knee, and two below; to the upper and hind Part of this Knee-Piece, should be fastened a strong Strap of Leather about a Foot long. The Foot must be kept warm with a Slipper, at the Bottom of which must be nailed or fastened one End of a sufficient large Plate of Wood or Tin, to extend three or four Inches beyond the great Toe; and to that End should be nailed another Strap of Leather about a Foot long, with a Buckle at the End. The Patient being in Bed, his Leg must be bent a little; the two Straps must then be drawn together by the Buckle, till the Foot is extended in such Manner, that the two Ends of the Tendon touch one another exactly, and rest in some Measure one against the other. The Lips of the Wound must then be immediately secured by dry Sutures, to
prevent

prevent the Air altering the nutritious Juices which are to form the Re-union.

The whole should be covered with a Compress sustained by a loose Bandage. This Manner of keeping the Foot extended permits the Wound to be looked at as often as you please, without being obliged to loosen the Straps.

An Inflammation should be prevented by Bleedings, a proper Regimen, and other Remedies which Circumstances may indicate.

If the Wound comes to Suppuration, the Foot must nevertheless be kept extended; and it must be dressed with Desiccatives, avoiding all greasy Medicines.

The Leg must not be extended, nor the Foot bent for six Weeks or two Months, as the Tendons do not unite so soon as the Muscles.

If the Wound should inflame in Spite of the Precautions that are taken, the Wound will be a long Time before it is cured, if not, it will soon be cured; but if it should inflame, nevertheless the Foot must still be kept extended.

When a Tendon happens to be only divided in Part, it must be dressed in the same Manner, otherwise bad Symptoms may arise, on Account of the irregular Contraction of that Part of the Tendon which is not divided.

Divided TENDONS.

A MAN has just received a Cut of a Sabre above his Hand, which has transversely divided the extensor Tendons of the fore and middle Fingers; he has received another on the lower and outer Part of the other Fore-Arm, just above the annular Ligament, which has divided the greatest Part of the Fibres composing the Musculus Extensor Communis, by which Means the Fingers cannot be extended. How is the Re-union to be accomplished?

ANSWER.

A N S W E R.

Although the two Wounds are situated in different Places, their Re-union will be accomplished by the same Means. The Ancients used the Suture of the Tendons successfully ; but Reason supported by Experience has demonstrated to us, that it is unnecessary, where a proper Bandage can be applied, that will keep the Ends of the divided Tendons exactly together. Consequently the Suture must not be used here, especially as it might occasion an Inflammation of the Part, which would retard the Re-union of the divided Tendons.

The Means of accomplishing the curative Indications for both these Wounds, is to place the two Fore-Arms in two Cases of Wood or Tin. The Bottom of each Case should be formed of two Pieces joined together by a Hinge, which being lined with little soft Cushions, or padded, the Fore-Arm must be placed in it, so that the Joint of the Wrist may be a little within the Hinge. The anterior and moveable

Part of the Case must then be elevated, which will keep the Hand and the Fingers turned back in a kind of forced Extension. This Position will bring the Ends of the Tendons together, so as to be in Contact. What could be done more by the Suture?

The Arm should be fixed in the Case, that the Elbow may be prevented from drawing back; by this Means the Position of the Hand and Fingers cannot be altered. The Lips of the Wound must then be brought together, and kept so by Means of dry Sutures.

Bleedings, a Regimen, and the Parts being kept still, will all contribute to retard or prevent an Inflammation, which might obstruct the Cure. The Bleedings should be in the Foot.

It will take up a Month to accomplish a solid firm Re-union, as the tendinous Parts do not unite so expeditiously as the muscular.

A SWELLED

A SWELLED TESTICLE.

A MAN forty Years of Age, has a Testicle enlarged to near four Inches in Length and twelve in Circumference. It is indolent and very hard, perfectly round and smooth, and without any Fluctuation within. It is six Years since it began to swell. The Chord of the Vessels is quite free from Complaint, as well as the other Testicle. Moreover the Patient finds no Inconvenience but from it's Weight and Bulk, for he has never had the least Pain. He perceives that he falls away continually, though he was very lusty. What do you think of this Disease? And what must I do to cure it?

A N S W E R.

The Tumour in Question is not a Hydrocele, as there is no Fluctuation perceived; nor is it a Varicocele, as the Chord is in it's natural State. Neither is it carcinomatous, as it is indolent and perfectly smooth.

smooth. In such a Case it is necessary to examine the Patient concerning his former Way of living ; and if he has been accustomed to loose Women, we may suspect and even assert that his Complaint is venereal, though there is no other Symptom to determine it; and the rather, as the Patient falls away without any Appearance of a Distemper.

The SURGEON'S REPLY.

According to your Advice, the Patient was treated regularly with mercurial Frictions, and I observed the Tumour diminish in Proportion to the Use of the Mercury, so that it is now become like the other.

I acknowledge I should never have suspected the Cause ; but the Completion of the Cure clearly proves, that it was a venereal Taint which occasioned the Swelling, and that we must not be determined always by common outward Symptoms, that there is no venereal Virus existing.

REFLECTION.

REFLECTION.

How many odd and uncommon Complaints do we see in Practice, occasioned by this Virus, or complicated with it, without any of the usual known Symptoms whereby it may be discovered!

A SWELLING of the THIGH.

A M A N about fifty who had been wild in his younger Days, has been frequently troubled with different venereal Complaints, and about a Year ago had a Difficulty in making Water, which was cured by the Use of Bougies. About six Months since he observed his right Thigh to be somewhat larger than the other. He made the same Use of it as before, as it was not painful, and has walked a great deal on it in the Country; till insensibly it has grown to near twice its natural thickness. *Note*, within these two Months he
has

has felt a kind of Stiffness in it, which has incommoded him in walking. He has shewn it to me, and I observed that almost every where, but particularly on the Outside there is a Fluctuation of Fluid, principally diffused to the lower Part, where it is the most painful, and so considerable that it appeared as if the Skin was upon the Point of breaking, as it happens in a very ripe Abscess.

I made a Puncture into it with a Trocar, and discharged near four Pounds of a purulent Matter, after which I withdrew the Canula, the Orifice healed and the Thigh in a Week's Time has filled again, consequently it is in the same State as it was before. Is there any other Thing to be done?

A N S W E R.

You must again discharge all this extravasated Fluid; but a simple Puncture is not sufficient, for in that Case the Thigh will soon be filled again as after the former Puncture; an Opening therefore a full Inch in
Length

Length must be made with a Lancet, that it may not close up so soon. When the Matter is evacuated the Wound must be kept open with a soft Tent of Lint. This will give Room to throw up Injections which may pass into every Part of the Abscess, and easily come away by putting the Thigh into a proper Position after the Injection. The Sides of the Cavity which contains the Fluid, that is those Parts which the Matter may have loosened, will come away by Degrees, the Wound will grow clean and the Sides of it re-unite, provided Care is taken to keep the Wound open with a Tent of Plaister rolled up; or a large Piece of Catgut which may be put into any Depth, and growing soft with the Moisture will give no Uneasiness to the Patient. It may perhaps be a long Time before it is cured, but this is all that at present can be done by Art, Nature must do the rest, or point out to us some other Method.

*The SURGEON'S REPLY concerning the
PROGRESS of the DISEASE.*

I made the Incision as directed by the Consultation, and discharged the same Quantity of purulent Matter as was done the first Time. I have kept the Orifice open with a slight Tent, and in about six Days the Thigh being greatly lessened the Matter is grown thick and begins to be foetid. On examining the Thigh, I perceive in the middle and outside of the Bone, a considerable Swelling like an Exostosis, and pressing on it, (though gently,) it is very painful. The Patient has a Fever, is a good deal disordered, has no Appetite, restless Nights, and a Looseness; consequently his Strength decreases. The Matter is sometimes thin, at other Times thicker, and always of a bad Smell. What is proper to be done?

ANSWER

ANSWER to the *second* CONSULTATION.

Notwithstanding the Patient has for a considerable Time enjoyed to all Appearance so perfect a State of Health, that he had no Reason to imagine his Blood infected by any Virus, I do not doubt but he has the Pox, on Account of the Disorders mentioned in the first Consultation, for which he made Use of the Bougies, and likewise on Account of the Exostosis. I even do not so much as doubt the Bone being carious, as the Matter is of a bad Smell. Exostosis and Caries are certain Signs of the Pox.

Without Doubt the Matter has gradually increased by the Putrefaction of the Periosteum and cellular Membrane, which confined it in that Place, and by Degrees as one may say dissected the Teguments, and perhaps even the aponeurotic Expansion of the Fascia Lata. In Proportion as the Parts have been separated by the Quantity of Matter, these Parts detached also from one another, have furnished Matter, and this is the Reason

Reason there has been so large a Quantity of it.

It will be necessary to have recourse to the Specifick for this Virus, that is to say to a proper Use of Mercury, without which the Patient cannot be cured.

As he is already prepared for it by the other Medicines which have been made Use of to alleviate the before-mentioned Symptoms, it will be proper to enter into a Course of mercurial Frictions, which is the principal Remedy to be made use of, otherwise the Disease will daily Increase.

The weak Condition that the Patient is in, will not permit it to be oftner used than once in three Days, according to Circumstances and his different State, and that with a great deal of Circumspection. It may be prevented from affecting his Mouth by his Looseness, however it must be used with great Moderation, in Order that as the Bones are exostosed and carious by the Distemper, it may be persisted in for a long Time, as it is necessary the Mercury should penetrate into them, and it rarely enters so easily

easily into those hard Parts as it does into the softer.

There is nothing new to be done to the Wound in the Thigh, and it will be sufficient to keep it open with the Tent or the Catgut. I do not doubt but the Exostosis will be observed to decrease insensibly, and the Bone exfoliate perceptibly or otherwise, and afterwards the Muscles unite to it. Should the Diarrhæa happen to stop, the Use of the mercurial Frictions must be very moderate and gentle lest they should affect the Mouth. In short in this Case the Cure must be attempted by Extinction.

The SURGEON'S LETTER *in* ANSWER.

I followed the Method prescribed, but found it necessary on Account of the Fever, the Weakness, and the Condition that the Patient frequently relapsed into, to leave off the Frictions four Times, for the Space of four or five Days. This Method has been continued a Month, the Patient at length is recovered, and the Wound in the Thigh cured. D d

Three

Three Months after upon examining the Thigh, the Enlargement of the Bone was scarcely distinguishable; the Patient is likewise grown very fat, which is another kind of Proof of a perfect Cure.

A SWELLING on the LEG.

A MAN fifty Years old, having over-walked himself, perceived a slight Pain in the upper and outer Part of the right Leg, two or three Fingers breadth below the Knee; and some Time after could feel with his Finger a small Tumour very deep but not painful.

This tumour is increased somewhat in two Years, but only incommodes the Patient when he is walking. Being uneasy, he has at length consulted several Surgeons, who after mature Examination, have decided the Tumour to be an Exostosis at the Head of the Fibula; and though the Patient has never had but a few Claps, which as he says were

were well cured, they are all of Opinion that it is a venereal Exostosis.

The Patient not finding any of the usual Symptoms which are commonly deemed venereal, put himself under the Care of several Quacks, who have applied various Remedies but without Success, for the Leg has become perceptibly bigger at it's upper Part, and also painful, but principally in that Place.

At length the Patient consented to undergo the mercurial Frictions, which put him into a gentle Salivation, that was continued for three Months. This seemed only to exhaust his Strength, for the Size of the Leg has increased, in the Space between the Articulation with the Thigh, and the End of the fleshy Part of the Musculi Gastrocnemii; this Enlargement is only on the back Part, that is, under the Musculus Solaris, or the Gastrocnemii, for all the fore Part and the Tibia appear perfectly well.

The Difficulty of extending the Leg increased with the Distemper; and for four Years it has been constantly increasing in its Bulk, The Patient grows thin, and seems wasting

away, while his Leg grows bigger, cannot be extended, but remains half bent. He has a slow Fever, which has sometimes pretty violent Paroxysms. He frequently spits Blood, and one may plainly see his Constitution decaying. At length being reduced to keep his Bed, on Account of the Weight of his Leg, and the Condition of his Body, he has recourse to you for Advice.

To this Account of what has happened since the Beginning of the Disease, I must add that the Leg is now two Feet four Inches in Circumference at the Calf, that it is covered all over with Varices as big as one's Finger, that these Varices extend all up the Inside of the Thigh, that the Patient has a slow Fever, although his Offices of Digestion and Sleep are properly done. What can be the Cause, and Nature of this Disorder? What can Occasion this extraordinary Size of the Leg? And what do you think should be done?

ANSWER.

A N S W E R.

It is said in the above Account that the Patient felt the first Pain after over-walking himself, and that about two Days after, he perceived a Tumour on the upper and outer Part of the Leg. This Tumour was at that Time an Exostosis of the Fibula, and probably had been growing some Time, and the unusual Pain he felt, was owing to the extraordinary Extension of the tendinous and aponeurotic Parts that cover the Bone in that Place.

It is possible to get a Clap and the Pox at the same Time, the one will appear in a short Time after it is contracted, the other may lie dormant for some Years. For which Reason though the Patient has neither Tetters, Pimples, Head-ach, nor Pains like the Rheumatism, nor in short any of the common equivocal Symptoms; it is probable this Exostosis is occasioned by a venereal Infection, and that this has been the Cause of its becoming carious; that even the Tibia may be exostosed and carious, and

the Caries have destroyed the Aponeuroses and Membranes that covered it. All the rest has happened of Course, and nothing can be done now, but taking off the Leg above the Knee.

But it may be said, that if the Exostosis is venereal as it is thought, the Virus would have been subdued by the mercurial Course that was tryed and continued for three whole Months ; on the contrary the Size of the Leg has considerably increased during that Time, and has done so since, instead of diminishing by the Course as we always observe it to do. To this I reply, that the Infection that was then in the Blood, as well as that which settled on the Bone and occasioned the Exostosis, may have been extirpated. But if the Exostosis is become carious, the local Infection must necessarily make a great Progress, on Account of the Situation of the Fibula, which is covered [with it's Periosteum, Aponeuroses, and very large Muscles, the whole surrounded with a very strong common Membrane ; for a Caries is an Ulcer of the Bone, always accompanied with an Ulcer of the Periosteum, which

which is found rotten in the ulcerated Place, and spreads sometimes even into the neighbouring Parts.

Every Ulcer constantly discharges a Quantity of Matter proportionable to it's Extent ; and if there is not a free Passage, it remains there, and the Quantity daily increases, unless it can be evacuated. It's Continuance occasions the Ulcer to become foul and grow larger, and the Caries is equally augmented and extended. In the abovementioned Case, it must necessarily spread so much the easier, as the Bone was exostosed, and consequently it's Fibres being more separated, have left great Spaces between them, in which the Matter has lodged and been collected in a large Quantity, which must destroy the Bone more and more.

In all Cases where there is not a free Discharge for the Matter, Part of it easily returns into the Course of the Circulation, and this is what probably has occasioned the slow Fever, and perhaps also the Spitting of Blood.

Should we wonder then that the Size of the Leg is increased, even supposing the

venereal Virus perfectly subdued? Experience has more than once demonstrated to us, that after the Pox has been properly treated, Abscesses have formed in some Parts where the Bone has been corrupted by the Virus, and upon opening the Abscess the Bone has exfoliated in a few Days.

In this particular Case, the Muscles were too thick over the Bone, for the Matter to make it's Way to the Skin and be felt with the Finger.

This without Doubt is the Reason that the Disease has increased for these four Years, in Spite of the proper Treatment of the Pox; and this is likewise the Reason why the Size of the Leg has increased to the Degree that is mentioned, and why the Patient cannot be cured without the Leg being amputated. He may die it is true after it, from the melancholy Condition he is reduced to; but this is uncertain, whereas he must absolutely die if the Leg is not amputated.

The EVENT of the DISEASE.

I was employed to perform the Operation, and amputated the Thigh four Fingers breadth above the Knee, after which I examined the Condition of the Leg.

The Fibula was already destroyed by the Caries from it's upper Articulation half Way down, and I found nothing but a few small Bits scattered among the Muscles that formed the Swelling; the upper End of the remaining Part of the Fibula was carious and exostosed, forming a sort of bony Fungus.

The Tibia had two Holes in it; one in it's upper Part, directly under it's Articulation with the Femur; the other three Fingers breadth lower down, on the Side next the Fibula; and one of the Edges of this Hole was exostosed, which is a Proof that the Exostosis preceded the Caries. All the spongy Texture of that Part of the Tibia was destroyed by the Caries, as far as the Cartilage that covers the End of it; and this Cartilage was whole, so that the Bone
looked

looked like a Funnel covered with Parchment. The Bone was as thin as a Wine-Glass, so that it must have broke if the Patient had stood upon his Leg.

What formed the excessive Magnitude of the Leg, was a rude Mass of spongy Muscles, cellular Membrane half rotted, Clots of Blood as big as Nuts lodged in different Parts, Collections of thick Lymph coagulated like the White of an Egg, and upwards of six Pounds of bloody Matter absorbed into this Mass as into a Sponge.

The Hollow or Funnel formed by the Tibia at it's upper Part, was full of a fœtid stinking Matter.

The Musculi Gastrocnemii and Solaris, stretched beyond Measure, inclosed this Chaos, and were not altogether more than four Lines thick, which ought to be more than eight.

Even before the Operation, I was fearful that the Muscles that composed the Thigh, and particularly the Flexors of the Leg, partook of the Disease, as well as the cellular and other Membranes that connected them. My Fear was so much the better founded,

founded, as the Thigh was full of Varices ; that the Biceps Muscle was inserted at the upper Part of the Fibula, where the Disease first appeared ; and that the other flexor Muscles were inserted at the upper Part of the Tibia, and consequently all their Tendons would be lost in the Tumour.

On removing the Dressings, I had the first Proof of the Justness of my Fears ; for I observed that the fleshy Belly of the Biceps was of a deep red, very different in Colour from the other Muscles. And in two Days Time I had a second Proof, which was the sloughing off, of all the cellular Membrane which surrounded the Muscles. This made a Space at the lower Part of the Stump between the Muscles and the Skin, of four or five Fingers breadth and depth ; fortunately the Matter discharged freely, and was lost in the Dressings, by Means of the Pressure of the Pillow on which the Stump rested, which performed the Office of an expulsive Compress. This Space was a Month before it disappeared, by Means of the uniting of the Skin with the muscular Parts ; and this is not surprising,

sing, as the Patient was, as was said before, in a sort of Consumption, and the Juices were supplied very slowly. The End of the aponeurotic Expansion which makes the Fascia lata, was a long Time before it sloughed off.

Notwithstanding all this, a good Digestion was effected in about a Week, and the Matter became laudable, so that the Wound advanced in it's Cure, though but slowly. The Patient's Strength increased, his Appetite was good, and he slept well. The light Food he took, as is usual in these Cases, digested well with him, and he himself thought he should be cured ; when unluckily the thirty-sixth Day after the Operation, a Window in his Chamber being left open all Night, (he and his Nurse being asleep) brought on a suffocative Catarrh, accompanied with a continual Cough, a Difficulty of breathing, and Fever ; Accidents which his exhausted Constitution could not resist, and he expired the sixth Day after, being the forty-first of the Operation.

SWELLING

SWELLING *of the* PUDENDA.

A YOUNG Woman nine Months gone with Child, perceived the Labour-Pains coming on, which gradually increasing became at length very severe. In crying out violently and straining, she on a sudden perceived a Swelling of one of the Labia Pudendi, which in a quarter of an Hour increased to such a Length and Thickness, that the Tumour became bigger than two Fists, covering the Entrance into the Vagina and the other Labium. The Inside of this Labium is of a Violet red, and there is something like a Fluctuation felt the whole Length of the Tumour. What is it could occasion so sudden a Tumour? And what ought to be done?

ANSWER.

We oftener observe in Women who are not pregnant, than in those that are, Tumours in the Vagina formed by the Epiploon or the Intestine, which having slipped
by

by the Side of the Matrix, have passed under the Arch of the Ischiòn, pushing the Peritonæum before them; by these Means producing a Hernia without Strangulation in one of the Labia Pudendi. The Nature of these Tumours is easily discovered, because they immediately disappear on pressing upon them, which makes these Parts ascend into their proper Situation. I am of Opinion that the Case in Question is not of that Nature, as the Tumour does not disappear when it is pressed upon; besides the Colour of the Skin is changed, and under it a kind of Fluctuation is perceptible, the Cause of which is extravasated Blood. The stopping of the Circulation of the Blood in it's Return for a Moment only, or an Impediment to it during any Efforts brought on by the Labour-Pains, has either obstructed or dilated some Vein so much beyond it's Capacity, as to make it burst.

This extravasated Blood then immediately produced a Thrombus, and the Quantity constantly increasing, or at every Pain, it has extended or even separated the cellular

lular

lular Membrane in that Place. It is Blood therefore that occupies all the Tumour of this Labium, and the Doubtfulness of the Fluctuation is occasioned by Part of the Blood coagulating almost as soon as it was extravasated.

This Tumour of the Labium must therefore be opened it's whole Length, and the coagulated Blood removed. The Incision should be made on the Inside of the Labium; afterwards it will be sufficient to put into the Cavity some Lint, till the Labour is over.

This Wound will soon heal; for the Parts, as one may say, having been only distended by the Collection of Blood, the Cavity will in a Manner disappear in two or three Days. The Dressings therefore will be very easy. A little Lint dipped in the Yolk of an Egg, or the Oil of Eggs fresh made, that it may not smell, will be sufficient. It is on the Account of the Smell that no Ointment should be used, for Fear of incommoding the Delivery.

The SURGEON'S REPLY.

Upon opening the Tumour according to your Advice, we found above twenty Ounces of Blood, half Fluid and half Coagulum, which adhered strongly to the Sides of the Cavity; in two Days the Swelling almost entirely disappeared, and in less than a Week the Incision, notwithstanding it's Length, was cured.

A SWELLING of the TESTICLES attended with IMPOTENCE.

A MAN twenty two Years of Age, when he was but three Years old, had Pain when he made Water, and at the Age of eight was cut for the Stone by the grand Apparatus; the Stone weighed half an Ounce, and the Child was cured in a Fortnight. He continued in good Health till he was two and twenty, and had travelled very frequently on Horseback.

When

When he was about eighteen, being on Horseback, he felt a good deal of Pain in his left Testicle, and a Swelling ensued, for which he was bled, and the Swelling went off in about two Days. A little Time after the same happened to the right Testicle, and the Inflammation which came on was taken off by Bleedings, Cataplasms, and a proper Regimen, but on each Side there remained a Hardness of the Epididymis. These Accidents returned several Times during four Years. He has perfect Erections as customary to young Men of his Age, but no Emission; and when the Erection is over, a small Quantity of Semen discharges along with the Urine, but only dribbles. What is this Disorder, and of what Nature? From whence comes it? Can it be relieved, and how must it be done?

A N S W E R.

Most certainly there is something wrong in some of the Parts belonging to Generation. It is not in the Corpora Cavernosa, because there is a good Erection; it is not

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in

in the Testicles because the Semen is secreted from the Blood, nor in the Vesiculæ Seminales because the Semen continues there and is thence evacuated. Probably then it is in the Verumontanum, in the Neck of the Bladder, or at the beginning of the Urethra, between the Bulb and the Entrance of the Bladder. This Fault may be natural, but most probably it is the Consequence of the Operation for the Stone by the grand Apparatus. The Cicatrices which are formed in Consequence of the Laceration which is inseparable from that Method, have altered the natural Construction of the Parts, and the Semen pressed out from the Vesiculæ Seminales, instead of discharging itself through the Canal of the Urethra, is thrown back on the Side of the Bladder; where it lies concealed in some Cavity formed by the irregular Cicatrice, and from thence is evacuated.

It is also possible that Part of the Difficulty which the Semen has in issuing from the Vesiculæ Seminales, on Account of the Cicatrices which are on the outside of the Neck of the Bladder, that this Difficulty

I say

I say, is the Cause of the Swelling of the Epididymis.

These Circumstances did not shew themselves till about the eighteenth Year, which is the Time the Semen begins to be secreted from the Blood ; and they could not be perceived sooner.

The Swelling of the Epididymes may then be called Spermatoceles, which may grow bigger in Time, and if the Patient continues in this State, he will be incapable of Procreation.

There is great Reason to doubt whether it will be possible to remedy this Defect of Conformation, which interrupts the natural Course of the Semen ; however we should endeavour to do it by all possible Means.

As Cicatrices of long standing are very hard, we must endeavour to soften them. The most likely Method of effecting this, will be to make the Patient bathe himself Morning and Evening in a bathing Tub, in which is put a strong Decoction of emollient Herbs, as Mallows, Marshmallows, and others of the same Kind, putting him afterwards directly to Bed to dry himself.

At the same Time we must Endeavour if possible to enlarge the Canal which leads to the Bladder, in which the Cicatrices are. This must be done by emollient Bougies introduced every Day and Night as far as the Bladder, taking Care to increase their Size from Time to Time as much as possible without injuring the Urethra, and leaving them in about an Hour. This Method may either compress or efface any Stricture made by the Cicatrice, that interrupts the Course of the Semen. If the Use of the Bougies happens to bring on a Suppuration in the Urethra, that may be able to relax the firmest Cicatrices, which may contract the Urethra in the faulty Part.

This Method should be persisted in for five or six Months ; perhaps it may not succeed, perhaps it may, but there is no other Method to follow. As to internal Remedies there is no Need to recommend any in this Case, because they will be useless ; nor any Regimen but what tends to the Preservation of Health in general.

A TUMOUR on the THIGH occasioned by a
FALL.

A MAN five and forty Years old, but without any Weakness in his Legs, walking along the Street, somebody put a Stick between his Legs, which threw him down, and in falling his left Leg was bent under his Thigh. He was carried Home, and in about two Hours as he complained very much of his Knee, his Surgeon was sent for. He examined the Condition of the whole Limb, but found only a moderate Swelling of the Knee. However three Fingers breadth higher, in the fore Part of the Thigh he observed a circumscribed Tumour, elevated about an Inch, and four Fingers broad, extending more towards the outer than the inner Side, and very painful to the Touch. The Surgeon desires your Opinion as well in Respect to the Nature of the Tumour as what ought to be done to it.

A N S W E R.

The Patient having fell with his Leg bent under his Thigh, it does not appear that he could possibly give the fore Part of his Thigh any Blow, that could make so great a Contusion as to occasion such a Tumour as is perceived, and it is probably formed by one of these three Things. *viz.* by the entire Patella, if it's Ligament is ruptured by the Effort of the extensor Muscles at the Time of the Fall : by the superior Part of that Bone if it is fractured, for in that Case it would be retracted by the Effort of the extensor Muscles of the Leg ; and lastly by a Rupture of the Aponeurosis, formed by the Union of the extensor Muscles ; for in this Case the Parts will swell by their Retraction, and the Inflammation which succeeds it soon after ; besides which the Blood and Lymph extravasated from all the ruptured Vessels, will increase the Bulk of the Tumour.

In either Case there will be found a more or less considerable Vacuity between the
Tumour

Tumour and the Knee. In other Respects I can give you no particular Advice, especially as the Nature of the Complaint is not exactly known. It is only by an exact examination of the Part, that a perfect Knowledge can be gained what Mischief was done at the Time of the Fall. Till I have this particular Account, I can only advise you to keep the Limb in an horizontal Posture, that is the Leg exactly extended in such a Manner that it cannot be bent by any Means whatever ; to cover the injured Parts with a Defensative, and to bleed the Patient in Order to prevent or Cure the Swelling and Inflammation, which are our great Enemies.

The SURGEON'S ACCOUNT.

By an exact Examination, I discovered that the Patella was whole and in it's Place ; but as you observed I found on pressing with my Finger a Kind of Vacuity or Depression between the Patella and the Tumour, which in some Measure proves to

me, that there is a Rupture of the Aponeurosis of the extensor Muscles of the Leg, particularly of that Part belonging to the Vastus externus, for on the Side of the Vastus internus it appears to me to be whole. I have already fixed the Limb in an horizontal Posture, that is, extended it, and applied over the Tumour a Defensive, to disperse the Fluids that may have been extravasated. Having taken off the Dressings about four and twenty Hours after, I found a large Ecchymosis all along the Thigh and Leg. What more is there to be done?

A N S W E R.

The Leg must be continued in the same Position, and the Patient prevented from any Motion that may occasion a Contraction of the extensor Muscles of the Leg, in order that all the ruptured Parts may at present be relaxed, and afterwards brought together and united by the Assistance of Nature, which only can effect it; for no Bandage or Application can do it. It will also be proper to secure the Extension of the
Limb

Limb, by the Help of two Junks, that no Contraction of the flexor Muscles, occasioned by any Means, whether convulsive or otherwise, may obstruct the Re-union which you are endeavouring to procure.

It will be necessary at present to make use of Resolvents to assist Nature, for the Limb should become black in some Degree, by the extravasated Blood approaching towards the Skin, which will appear first black and afterwards yellow, but will be afterwards restored to it's natural Colour by the Dispersion of the extravasated Fluids.

During this Time the ruptured Parts will approach one another, which will be perceived by the filling up of the Vacuity and the swelling of the Part going off. The Patient must be cured near a Month before he offers to bend his Leg.

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*An indolent TUMOUR on the LEG; the
CONSEQUENCE of a CONTUSION.*

THREE Weeks ago a Man received a Blow on the outside of the Leg, which made a violent Contusion two Fingers breadth higher than the Malleolus externus, without making a Wound, or breaking either the Tibia or Fibula. Some Person immediately applied Wine and Oil to it, wrapping up the Leg in it. It swelled; and on removing of the second Dressing, there appeared a considerable Ecchymosis, extending from the Ankle up to the Knee. By the Use of Resolvents it was gradually dispersed, and the Leg reduced to it's natural Size and Colour; only on the Place where it was struck, there remained between the Bone and the Commencement of the Tendo Achillis, above the Skin, a small Tumour, in which one can feel with the Finger a Fluctuation, similar to what is felt in an Abscess just come to Suppuration.

There

There seems to be about a Spoonful of some Fluid, lying between the Membrana Adiposa and Membrana Communis Musculorum; the Skin is not thin, and is of it's natural Colour. The Patient feels no Pain. The Surgeon of the Place is desirous of opening the Tumour, assuring him, that as this has not been dispersed as well as the rest of the Contusion on the Leg, this Fluid will turn to Matter, and occasion an Abscess. The Patient strongly objects to the opening, and desires your Advice.

A N S W E R.

There is no violent Contusion, without a Number of the small Blood-Vessels being ruptured under the Skin, in the Tunica Adiposa and the Membrana Cellularis of the Parts. By these Means these Fluids are extravasated, and while one Part is evacuated, and spreads amongst the neighbouring Vesiculæ, forming what is called an Ecchymosis; it is possible another Part may remain and accumulate in the Place where the Blow was. If proper Repellents had
been

been applied at first, sustained by a moderately tight Bandage, the Blood might have quitted it's Place, been diffused as well as the rest the whole Length of the Limb, and quitted the Mouths of the ruptured Vessels, whose Re-union would have been effected in a short Time. But they were not used, and what was done was quite wrong, as the Application of Oil relaxed, instead of contracting. Hence, in Proportion as the Fluids have been extravasated, their Quantity has gradually extended the Sides of the Cavity wherein they are extravasated, and formed the Cavity which they now fill up.

This Blood not being exposed to the Air, cannot be changed so as to become Pus, and for the same Reason has retained Part of it's Fluidity; nevertheless it is become a foreign Body, by it's long Continuance out of the Circulation. If there was a very large Quantity, I think we could not do without evacuating it by opening of the Tumour; but in it's present Condition, I think the Cure may be hoped for without an Opening. The Application of Resol-

vents

vents has effected nothing, and I think will not do any Thing; but a gentle gradual Pressure may propel the Fluid remaining into the neighbouring Cells, and from those into others, and there the Heat of the Part will certainly procure the entire Dispersion. What remains of the fibrous Part in the Cavity will assimilate and unite with the Sides, in Proportion as they approach together, as I have seen in many Patients, who were exactly in the same Case, and whom I have preserved from the Operation.

A Compress exactly of the Size of the Cavity where the Blood is extravasated, and about twice or thrice as thick as what is used in bleeding, must be folded up, dipped in Water well impregnated with Salt. This wrung out that it may the sooner dry, must be placed on the Tumour, and kept on with a moderately tight Bandage. In about two Days it must be moistened with the same Water, and repeated every two Days. I dare venture to assure you, that in less than a Fortnight the Tumour will disappear with this Dressing only, and without any Operation.

A TUMOUR

A TUMOUR protruding from the MATRIX.

A WOMAN forty Years of Age, for some Time has had Fluxes of Blood, and in the Interval of these Fluxes she has had a considerable Discharge of various Colours, which she imagined to be the Fluor Albus.

Some Time after she perceived a large fleshy Substance, about as big as a small Apple, protruding from the Matrix. Not being painful, she was not anxious about Advice, and the Excrescence, which is more and more elongated, is increased in about two Months to the Size of one's Fist, suspended by a round Stalk about an Inch in Diameter. Upon introducing the Finger into the Vagina, the Stalk is felt with Difficulty, on Account of the Body of the Tumour reaching to the Os Uteri, from whence it protrudes. Can this Disorder be cured?

ANSWER.

A N S W E R.

The Tumours which arise from the Matrix, are but small when they first appear ; but when they have passed beyond the Neck, this Neck which is contracted makes a kind of Ligature, which obstructing the Return of the Blood, occasions the Swelling of that Part that has descended. This is the Cause of the Fluxes of Blood and the Increase of the Tumour, so much the more, as the Vagina being larger easily affords Room for it's Bulk, which the Matrix does not when the Tumour is inclosed there.

These Tumours are only cured by Extirpation ; and in order to avoid any Danger of a Hæmorrhage, a Ligature should be made as near as possible to the Neck of the Matrix. This Ligature, if it is not tight will be useless. It occasions all below it to mortify, by intercepting the Circulation, and inflaming that Part of the Pedicule that is above it. By this Method, the Pedicule mortifies and separates higher up, as Experience daily confirms.

The

The Excreſcence being ſeparated, a few Injections made into the Vagina will be ſufficient for the Dreſſings.

As the Fluxes of Blood in theſe Caſes happen frequently, and are often very conſiderable, and there are beſides many other Accidents which accompany theſe Excreſcences from their Beginning, it is neceſſary they ſhould be extirpated as ſoon as it is poſſible to tie them.

The firſt Knot may and muſt naturally looſen while you are making the ſecond. To prevent this great Inconveniency, Mr *Levret*, Maſter in Surgery, and a very able Man-Midwife, has invented a very convenient Method of making this Ligature. Inſtead of a Linen Thread, he makes uſe of a Silver Wire; by twiſting this Wire, he can every Day again tighten the Ligature, which might ſoon after grow too looſe, becauſe it cuts the ſoft Parts that it incloſes. But by Means of this Silver Wire which remains on, the Ligature may every Day be tightened by twiſting of it again.

Several of theſe Tumours have been known to have Roots ſpringing from various
Parts

Parts of the internal Surface of the Matrix ; these indeed happen, but seldom, and have nothing to distinguish them from others ; but the Patients all die.

An indolent TUMOUR between the FALSE RIBS and the Os ILIUM.

A MAN about three Weeks ago, had a soft Tumour, about an Inch and a half broad, appear under the false Ribs, between them and the middle of the Os Ilium. In three Weeks this Tumour, which is perfectly indolent, and without any Change of Colour in the Skin, has increased so, as to be now half as big as a large Apple. A Fluctuation is plainly distinguished. *Note*, The Patient has had a kind of slow Fever this long Time, and a Year before had a malignant Fever. What is to be thought of this Tumour ? What must be the Consequence of it ? What curative Indication should be proposed ? Should it be opened ?

F f

ANSWER.

A N S W E R.

This Tumour cannot be a ventral Hernia, because these Tumours disappear on the least Pressure, which is not the Case here. It is not a Wen, because they do not grow so fast. It is not a Phlegmon, because it has neither been accompanied nor preceded by any Shivering, Fever, or Pain. It can be nothing but a Collection of Matter, which being formed in some other Place, has gradually flowed into this, and settled between the Interstices of the Muscles; the slow Fever that accompanies it is almost a sufficient Proof of it. The Patient a Year ago had a malignant Fever, and I imagine that was the first Cause of the Tumour on which you consult me. We know that these sorts of Fevers pretty frequently, either critically or symptomatically, settle on some of the membranous Parts, where the erysipelatous Inflammation terminates sometimes in the Putrefaction of these Membranes. By some of these Abscesses formed in the Limbs which
are

are within our Inspection, we may judge of those that are formed in one of the Ventrers.

From this Putrefaction a sanious Matter discharges, which gradually and slowly collecting, spreads amongst the neighbouring Parts, and (as one may say) dissects the Parts, to find out a Passage for it's Discharge. If the Putrefaction happens near a Bone, the Periosteum becomes affected, the Bone is laid bare, and becomes carious. On opening of dead Bodies, how many Suppurations are seen formed within one of the three Cavities, which are the Consequence of a malignant Fever, and of which there was no external Appearance.

Two Circumstances contribute here to make a disadvantageous Prognostick. 1. A Caries, if there is one, whose Situation, supposing it to be certain, we must be ignorant of, as I have frequently seen in these sorts of Diseases. 2. The Impossibility of discovering where this Matter was first formed.

All this considered, I think the opening of the Tumour will be of no Service, and

perhaps may be succeeded by the Death of the Patient, from a Reflux of the purulent Matter.

It is what I have observed in almost all these Cases, that the Patients have died, and always sooner in Consequence of the opening than otherwise ; many Instances of which may be seen in my Chirurgical Observations, published in 1731, in the *Rue Saint Jacques a l'Olivier*. There the Reason is given why the Patients generally die by the Reflux of the purulent Matter.

I am of Opinion therefore that the Patient will live longer, if the Tumour is not opened, or can be prevented from breaking of itself, and entirely discharging it's Contents. If these Tumours break of themselves, or we are obliged to open them to give Relief to the Patient, we must be satisfied with discharging only a Part of the Matter by a Puncture with the Trocar, and repeating the Operation when the Tumour is filled again. Therefore I recommend only a palliative Cure ; for I know of no radical Cure of this Disorder for the above-mentioned Reasons. If any of these Col-
lections

lections of Matter happen to be cured, it is when the Matter has not formed very deep, and the Bone has not been carious. However it is possible, if the carious Bone is not far Distant, the Caries may be discovered by making a proper Incision, and an Exfoliation procured ; in this Case only, I think the Tumour should be opened it's whole Length, as far as to discover the Bone, and then there will be less Danger to be apprehended from a Reflux of the purulent Matter.

A SWELLING on the LEG.

A P R E T T Y fat Man, about forty, obliged by his Business to walk a good deal, had a slight Swelling on his Foot and Leg for several Months, and after some Time perceived something of a Hardness, where the Musculi Solaris and Gastrocnemii begin to grow tendinous and unite to form the Tendo Achillis. He took little Notice of it, feeling only a little Pain,

and something of a Stiffness in walking. This small Hardness increases every Way, but least in Thickness, and has in three Months spread so as to be four Fingers breadth in it's Diameter (being circular), and about an Inch in Depth, comprising the lower Part of the fleshy Body of the three Muscles, and the upper Part of the Tendo Achillis. Consequently it considerably impedes the Motion of the Foot. It is very hard, not very painful to the Touch, and without any Disposition to come to Suppuration.

Within this Fortnight the Patient has been bled and purged twice. The Pulp of emollient Herbs has been applied without Success, only making the Skin red without altering the Swelling or it's Hardness. What can be the Cause of this Tumour? And how is it to be cured?

A N S W E R.

This Tumour having had no external and apparent Cause, it is difficult to determine it's Nature. All that can be said is,
that

that this Part being, as well as others, a Composition of Vessels through which the Fluids pass, possibly there may have happened a Swelling from the Fault of the Vessels themselves. The Swelling being of long standing, and shewing no Signs of Suppuration, is very fortunate for the Patient; for a Suppuration in that Place would produce a very dangerous Complaint. The only Thing to be done, is to procure if possible the Resolution of the obstructed and inspissated Fluids, or their Return into the Course of the Circulation, especially as they are not in a State of Fermentation, which is proved by the Tumour's being almost quite indolent; from whence we may conclude, that these Fluids mixing again with those that are circulating, will not do them any Prejudice.

The Swelling must be fomented every Morning and Evening for a quarter of an Hour, with a Decoction of emollient and resolvent Herbs, such as the Leaves and Flowers of Mallows, Marshmallows, Mullein, Elder, and others, wrapping the Part up afterwards in hot Cloths to make it sweat.

After this has been done about twenty Times, the Patient must wear constantly Night and Day a laced Stocking made of Dogs-skin, the Compression of which must be gradual from the Ankle to the Knee ; I know of nothing else to be done, but to continue the Use of this Stocking well made for a long Time, and I hope it will succeed.

The SURGEON'S ACCOUNT *of the* EVENT.

The Patient has followed the Method you recommended ; and the uninterrupted Use of the Stocking for eight Months, by Degrees diminished the Swelling, till at length it has entirely disappeared. I advised him not to leave off the Use of the Stocking for these two Years, except only to change it, and I do not doubt his Observance.

A useful REFLECTION.

The constant Wear of these Stockings is of great Benefit in many Complaints of the
Legs,

Legs, where there is no Suppuration, nor any Tendency to it. The laced Stocking is much more commodious than a Roller, which might produce the same Effect, but that the Patients never apply it well; and being put on ill, it does more Harm than Good. Instead of Dogs-skin, these Stockings may be made of a strong Cloth that will not stretch; for the Reason of using Dogs-skin well dressed, is because it does not give Way so easy as other Skins.

The great Service of a laced Stocking, is to make a Compression all round the Leg, which shall proceed in lessening it from the Ancles up almost to the Knee. This Compression will assist the Resistance of the Vessels that are varicous, or those disposed to grow more so. It helps the Motion of the Blood in the Blood-Vessels or Lymphatics, where it is obliged to ascend against it's own Weight, and by these Means the varicous Veins are restored to their former Condition.

A TUMOUR arising from the LOINS.

A M A N twenty-two Years old, about three Years ago was seized with an Inflammation of his Lungs, which was cured by Bleedings and other Remedies. He relapsed twice that Year, and was cured without any Medicines. These were followed by a dry Cough, attended with some feverish Paroxysms, which constantly returned. Within these five Months he has observed in the right lumbar Region a round Tumour, indolent even to the Touch, and without any Alteration in the Colour of the Skin, about two or three Inches broad, and almost insensible.

Discutient Plaisters have been applied, during the Use of which the Tumour has still increased; and there being an evident Fluctuation of some Humour, it was opened, and there was discharged about sixteen Ounces of a thin greenish Matter, which has continued to run at the Rate of three or four Spoonfuls a Day.

Since

Since the opening, the Patient has had from Time to Time irregular Attacks of a Fever, sometimes stronger, sometimes weaker, attended with a Difficulty of breathing and Pains in the Loins.

Things are now pretty much in the same Situation, and we desire to know what must be done, both in respect to the Regimen and curing the Wound, which is a good deal contracted, and discharges always so much Matter, but does not heal.

A N S W E R.

If this Matter, which was collected under the Skin near the lumbar Region, has neither occasioned Pain or Redness, it is owing to it's not being originally formed there; but being formed in some other Place, has gradually flowed hither.

There is Reason to believe, that the Inflammation of the Lungs which the Patient had about three Years ago, together with the Relapses, are the Cause of the Tumour we are concerned about. I am of Opinion therefore, from great Probability and what
I have

I have frequently known in Practice, that there was at that Time an Adhesion of the Lungs to Part of the Pleura, which covers the Ribs and the Diaphragm. In the Middle of this Adhesion Matter was formed, the Quantity of which constantly increasing, has slid down by little and little as far as the cellular Membrane of the Peritonæum, after having passed through the Interstices of some of the Fibres of the Diaphragm, which have separated from one another at the Place where they adhere to the spurious Ribs. From that Time this Source has constantly furnished some Drops of Matter, which augmenting to a considerable Quantity, by it's Bulk and Weight distended, and afterwards destroyed, Part of the cellular Membrane of the Peritonæum to a very great Degree. This is the Reason so much Matter was found at the opening. It's Continuance there, and especially the Difficulty there was of it's flowing from it's Source to the Place where it was collected, is what has occasioned the Fever, and the Difference in the Quantity of Matter observed in the Dressings, which has been
sometimes

sometimes more and sometimes less. It is not impossible, but there may be also a Caries of one of the false Ribs, or even the last Vertebra of the Back. In my Observations printed in 1731, there may be seen many of these Collections of Matter. It is there likewise shewn in what Manner the Matter passes between the fleshy Fibres of the Diaphragm. The Difficulty there is in conveying Remedies to the Bottom of the Abscess, will occasion the Opening to remain fistulous; which is the best that can be expected, for it will never be cured.

If there can be any Method taken to prevent the Accidents that may ensue from the Length, and perhaps from the Obliquity of the Course the Matter is obliged to take, in passing from it's Source to the Place where it is discharged, it must be that of making the Passage less difficult; and I see but one Way of accomplishing that.

It will be necessary to introduce to the Bottom, if possible, Bougies of Catgut, very small and well made. Their Flexibility may possibly make them capable of obtaining

ing a Passage through the oblique Course the Matter takes in it's Descent; and the Swelling they will be subject to from the Humidity, may gradually enlarge the Passage, and even make it strait. After which you may use larger Bougies, made of Plaster and rolled together. If you should be lucky enough to pass them as far as the Bottom, without giving Pain, that will not cure the Disease; but it will make it supportable, and the Matter will discharge more freely.

Furthermore, instead of endeavouring to cure the external Orifice, it should be kept open, and even an Incision made to keep it open, if it contracts too much, as the Skin is very apt to do.

A very slender Diet cannot be directed, because a constant Discharge wastes and weakens People who are ill. I shall therefore be satisfied with ordering a moderate and prudent Use of Nourishment. A Milk Diet is proper notwithstanding the slow Fever, as the Lungs are much affected; this is upon a Supposition, that it agrees with the Patient's Stomach. Whether it is Affes

or

or Cows Milk, mixed with equal Parts of a weak vulnerary Infusion, I look upon them in the same Light in the present Circumstance.

As to the rest, it depends very much on the Resources of Nature, without which all the Help of Art will be ineffectual, and the Patient will die either a little sooner or later, from some Accident owing to the Origin of the Disorder, or the Difficulty of evacuating the Matter.

An ULCER on the TONGUE.

A MAN forty Years old, who has never hazarded the getting of any Distemper by his Commerce with Women, has an Ulcer on the Side of his Tongue near the Root, which hinders him from talking or eating, or at least much incommodates it. It has now continued about a Fortnight, and at the Beginning was touched two or three Times with the blue Vitriol Stone, being looked upon as one of those

those little Ulcers called *Aphthæ*, which sometimes break out on the Inside of the Lips. This has not cured it, and the Disorder increasing, the Patient consulted an Empyrick, who taking it to be venereal, would have treated it as such. On examining it carefully, we perceive a real Ulcer, somewhat deep, the Edges of which are swelled. The whole Tongue is painful, and likewise a little swelled. What is there to be done?

A N S W E R.

These Ulcers on the Tongue are pretty common, and we should be cautious of mistaking the Cause of them; for the Patient being well in other respects, it is very possible that a Corner of a bad Tooth, which excoriated it first, may either in speaking or eating irritate this Ulcer every Time the Tongue moves, which I have known to happen Numbers of Times.

On removing the Cause the Effect will cease. You must therefore feel and examine the Teeth, and if any one has a sharp
Point

Point capable of touching the Ulcer, that occasioned it at first, and is the Cause of it's Continuance. It must therefore be drawn, or else with a proper File you must take off the Point which rubs against the Tongue whenever it moves. After this the Ulcer will soon heal, by gargling it with Barley-Water and Honey, if the Blood is not infected with any Disorder; and even when an Ulcer on the Tongue happens to be either venereal, scorbutic, or cancerous, it will not be cured by the Use of the best Specificks, if the Tooth that touches the Ulcer can fret it in any Manner, though the Surface is smooth, and there is no Point that projects.

HYSTERICK CONVULSIVE FITS.

A WOMAN twenty-two Years of Age, lately become the Widow of an old Husband, with whom she had not lived above eighteen Months, is troubled with hysteric Fits, that seize her pretty

G g frequently,

frequently, according as her Spirits are exalted or depressed. In these Fits she is deprived of her Sense and Knowledge, without her Pulse seeming to be weaker; on the contrary, it seems stronger than ordinary, without any Intermission, and in these Convulsions she talks at Random, without knowing what she says. This has happened to her several Times for this Month past, and held her a full quarter of an Hour. She has been bled in the Foot the three last Attacks, and every Time it has immediately removed the Fit. She has never been irregular. The Fits have returned about a Week ago with the same Symptoms, and come often. The Patient cannot be bled every Time. Is there no other Method therefore to be made use of instead of the bleeding?

A N S W E R.

The Antihystericks prescribed by several Authors, and the Manner of using them, are so well known that I shall not mention them. I shall confine myself to making
known

known to you what I have done in these kinds of Fits, having always observed, that the Imagination has more Concern in them than any Fault in the Fluids. The following is what I have found always succeed, and has so immediate an Effect, that they have ceased almost instantaneously.

A Lady was in the abovementioned Way, and having bled her in the Foot in many of these convulsive Attacks, instead of bleeding her again, I applied a Cupping-Glass to the Inside of her Thighs. The Skin had hardly rose into the Glass, when the fit diminished, and in two or three Minutes entirely ceased.

I applied the Cupping-Glasses in the same Manner more than twenty Times in six Months in the like Attacks, and the Success was every Time as expeditious, till at length they entirely left her. I leave to the learned in Physick to explain how these Cures were performed, without any Evacuation or Medicine.

A young Woman of eighteen, was troubled with violent Convulsive-Fits, of the same kind as those I have been mentioning.

I made her put her Legs in warm Water to bleed her in the Foot, and in an Instant after, even before the Vein was opened, the Violence of the Fit abated ; nevertheless I bled her, and the fit entirely ceased. However this did not prevent her having four Attacks of the same kind within a Week after. The three first went off by bleeding in the Foot ; but upon a fourth coming on more violent than the former, I applied a Cupping-Glass to the Navel, the Fit went off in less than two Minutes, and she has had none since.

It is not impossible but the Constitution, together with a lively Imagination, contributes a good deal to these sorts of Fits, or may even be the Cause of them. A sudden Suppression of the Catamenia, by any unforeseen Accident, or only a Diminution, may equally occasion them. In these last Cases, bleeding in the Foot is of great Service in supplying the Place of them, or promoting their Return. But when it is owing to the Imagination, the Bleedings are not of so much Use, as we have just before observed. They relieve, it is true, for
that

that Instant; but bleeding so often might prejudice the Constitution. The Application of Cupping-Glasses has put a Stop to them as well as bleeding, and I have made use of them so often with Success, that I do not advise any other Thing, &c.



*First LETTER to Monsieur * * *.*

S I R,

YOU desire me to send you a true Relation of what I met with extraordinary at the opening of the Body of the late Mr *de B****, fifteen Years ago, which I mentioned to you at that Time. As I have preserved the Account for the Singularity of the Thing, I communicate it to you with Pleasure.

*Monf. de B**** was a very worthy Magistrate, much about forty, of a tender Constitution, but seldom ill. One Morning drinking his Tea, he was seized with such a sudden Inclination to vomit, that he threw up all the Tea he had drank, in the Middle of the Room, without any straining. In the Middle of this Fluid, he immediately observed a small Animal stirring, which he had thrown up along with the Tea. He took it up, put it into a Tea-Cup of Water, and immediately sent for me. I came Time enough to see the Animal alive ; it was like an Earwig, not quite

an Inch long, about as thick as the Tag of a Lace, covered all over with red Scales, with an infinite Number of Legs, from one End of the Body to the other. *Monf. de B**** being otherwise well, and perceiving no kind of Illness, I did not prescribe him any Medicine.

In about eight or ten Months after, he began to perceive some Pains in the epigastric Region, which went off and returned several Times, at pretty long Intervals. Two Months afterwards, he began to void in his Stools a little coagulated and grumous Blood. This Circumstance returning frequently and even without Pain, *Monf. de B.* at last sent for the late *Monf. Chirac* his Physician, who perceiving him a little yellow, and receiving an Account of slight Pains which he felt frequently, seeing besides coagulated Blood among the Excrements, he suspected it was owing to the Piles, occasioned by a Disorder in the Liver.

In Consequence he prescribed various Remedies, but without any Benefit to the Patient, for these dull Pains frequently returned,

turned, as well as the coagulated Blood in the Fæces. He continued in this Condition a Year and a half, during which Time he was in tolerable Health otherwise, but always uneasy on Account of the Blood and the Colicks ; at last violent Pains came on which extended all over the Belly ; nothing could assuage them and the Patient died in less than two Days. *Monf. Chirac* desired the Body might be opened, I did it, and this is what we perceived.

In the lower Division of the Stomach, four Fingers breadth below the lower Orifice, we found a cancerous Tumour four Inches or more in breadth ; of the same Kind as certain Cancers in the Breast, which we see broke and ulcerated by the Putrefaction. This Tumour formed a Kind of Bag, capable of containing four Ounces of Liquor and the Sides of it were above half an Inch thick, almost throughout the whole Circumference. It opened above two Inches into the Cavity of the Stomach, and at it's Bottom where the Side was thinnest, there was a small Hole which would admit the little Finger. Through this there passed
into

into the Cavity of the Belly, all the Patient had taken for two Days, as Broths, Püfians, Oil of sweet Almonds, &c. fo that there was above three Pints swimming among the Intestines and Omentum.

This, Sir! is an exact Account of the Disease, and of all we observed at the opening of the Body. What I am going to say more to you, are only Conjectures resulting from all the Circumstances that have accompanied the Disease from it's Beginning to the End, and have some Degree of Probability.

The cancerous Sac, or Bag, which we found in the Stomach, made me recollect the little Animal which the Patient had vomited up about two Years before, and I remembered at the same Time what we see daily happen to Trees, particularly the Oak and Linden Tree, where several Insects as Flies, Gnats, or other Animals, pierce the Inside of the Leaves and deposite their Eggs in the cellular Texture of the Leaves between the two Kinds of Membranes which fix and connect their Fibres. It appears that the Caterpillar then wanders gradually,
for

for he forms Excrescences of different Sizes in the Inside of the Leaves, which serve for a Matrix to the Embryo there deposited. The Animal is preserved, nourished and grows to a certain Degree, when he apparently breaks through his Confinement. I have seen several of these Excrescences which were as large as Hazle Nuts. Upon opening one of these into two equal Parts, without damaging the Middle, I have seen a perfect Fly come out and fly away. You may see the same in Spring.

I return to this cancerous Tumour formed in the Stomach; this little Animal which was thrown up eighteen Months before, was it not the original Cause of it? This is a Point to be resolved. Is it impossible that a small Animal swallowed alive in Salad or unboiled Vegetables, may have pierced the inner Coat of the Stomach, lodged itself in the cellular Texture, which connects and keeps the Membranes together, and there have deposited it's Eggs? Supposing this to be a Fact, the Animal being arrived to its Time of Maturity, like a Child in the Womb, or like the Fly in it's little Tumour,
pierced

pierced through the inner Coat, and getting into the Stomach, might by only the tickling of it's Feet in crawling, have occasioned the vomiting which threw it up.

During the Time of it's Growth in the little Matrix (for I look upon the Space it occupied in that Light) a small Tumour was formed by the Extension of the Coats which enveloped it, that insensibly increased, and in Consequence upon the Evacuation of the Animal, there was a Vacuity remaining, into which the Food entered at Meal-times, there continued, became altered, and being as extraneous Bodies, would not permit Nature to bring the Sides of the Cavity together, so that they might be re-united by a firm Cicatrice. This Vacuity then became ulcerated. The Ulcer grew bigger, became deep and cavernous, a Sac formed insensibly, and the Vessels growing varicous and being fretted, discharged Blood from Time to Time, as ulcerated Cancers in the Breast or other Places do.

The Ulcer spread more and more, and made a Hole in the Bottom of the Bag; then, whatever was taken into the Stomach,
whether

whether Food or Medicines, fell into the Cavity of the Belly, and occasioned those violent Pains which for two Days preceded the Death of the Patient.

As to the Reflections which I have added to the Account of the opening of the Body, I do not give them to you as exactly right, and founded on experimental Knowledge, but merely as Conjectures which have some Probability. I do not therefore assert what I suspect to be the Cause of the Cancer in the Stomach as a Certainty, but I have endeavoured to explain how the Animal might pierce through the inner Coat of the Stomach, and in what Manner the Nutriment, diverted from it's proper Course, has formed the Tumour, which I compared to those which the Flies and other Insects occasion under the Leaves of Trees. Consequently I leave to you free Liberty to make what Reflections you please on this Observation. I shall only make one, which perhaps you may have made before me : Which is, that in our Professions, even the most skilful have Reason to lament, that they have often particular Diseases under their Care, that
even

even supposing they had a thorough Knowledge of all their Circumstances, must unavoidably be the Destruction of the Patient, in Spite of all the Assistance of Art, however well directed or administered.

The Second LETTER.

YOU say, Sir, that you endeavour to get Information of every remarkable Thing that occurs in our Profession; which is a right Method of proceeding. I imagine I shall answer your Views, or at least contribute towards them, by adding to the Account I have just given you of the Disease of the late Mons. B***, the Particulars of a Case, which the late Mons. *le Gendre*, first Surgeon to the King of *Spain*, communicated to my late Father; an exact Account of which I have preserved. I shall here give you a Copy of it, Word for Word.

“ The Person, Sir, who I informed you
 “ had last Year swallowed a Fork on *Shrove*
 “ *Tuesday*,

“ *Tuesday*, discharged it by the Anus the
 “ same Year, 1715, on the 25th of *June*;
 “ I send you a Drawing of it inclosed, that
 “ is, the Spoon and the Fork, this last co-
 “ loured black, as you see. Although these
 “ two Pieces were nearly of the same Weight
 “ and Size; at present we find that the
 “ Fork weighs a good deal less than the
 “ Spoon; for this last weighs three Ounces
 “ wanting one Dram, and the Fork weighs
 “ but two Ounces and two Drams, want-
 “ ing a Scruple, and had an Impression on
 “ it for the chief Part of it's Length resem-
 “ bling Shagreen. I imagine that this ex-
 “ traneous Substance, which was swallow-
 “ ed when the Person was cleaning the
 “ Root of his Tongue with the End of the
 “ Sheath, slipped from him at the Instant,
 “ that rubbing too hard the Inside of the
 “ Mouth, might occasion the Oesophagus
 “ suddenly to rise up and open; and upon
 “ recovering it's former Situation laid hold
 “ of the Fork, which by it's own Weight
 “ dropped down into the Stomach, finding
 “ an easy Passage by the alimentary Duct.
 “ It was in his Stomach that he felt the
 “ first

“ first Pains, accompanied by a Weight;
 “ which he plainly distinguished in that
 “ Part, that continued for three Weeks or
 “ a Month ; after which he complained of
 “ an Inclination to vomit, and of a very
 “ sensible Pain in the Stomach, which must
 “ have been, according to our Judgment,
 “ about the Time that the Fork presented
 “ itself, at different Times to pass into the
 “ Duodenum ; which seems to be the
 “ Truth, as the Weight after the first
 “ Complaint became less acute, more in-
 “ ternally, and somewhat lower down.
 “ During all this Time the Patient was in
 “ terrible Distress, offered up Vows to all
 “ the Saints, had Masses said every where,
 “ and enquired after Physicians of all kinds,
 “ to know what would be the Consequence
 “ of the Situation he was in, looking upon
 “ himself already as a dead Man.

“ At length his Pain and Uneasiness con-
 “ tinued indiscriminately at Times through
 “ all the lower Belly, sometimes provoking
 “ a Propensity to vomit, and at others
 “ Gripings and Inclinations to go to Stool,
 “ followed by Faintings. At last there
 “ came

“ came on a fixed and violent Pain in the
 “ left iliac Region, which continued for two
 “ Months with different Symptoms, pro-
 “ ceeding from the Place where the Fork
 “ was obstructed, which I judged to be the
 “ Ileum. Among these Symptoms, the most
 “ alarming, were Strings of Blood which
 “ appeared in his Stools, and gave me
 “ Cause to apprehend, (and all the rest of
 “ the Profession who saw it as well as me)
 “ that the Prongs of the Fork were enga-
 “ ged in the Coats of the Intestines, and
 “ making a Passage that Way ; but after
 “ these two Months were passed, this ex-
 “ traneous Substance changed it's Situa-
 “ tion, and for some Time gave no more
 “ Pain than what was supportable, till at
 “ length (as I imagine) it stopped in the
 “ Cæcum ; judging so from the Pain
 “ he felt in the greatest Part of the right
 “ Ileum, accompanied with the most
 “ melancholy Symptoms, and such consi-
 “ derable Evacuations of all Sorts of Mat-
 “ ter and Blood, without any Medicine
 “ being able to stop them for a Mo-
 “ ment ; till the Patient, broke down
 H h “ and

“ and emaciated, with a considerable Fever,
 “ and a weak Pulse, was at the last Ex-
 “ tremity, and received the Sacraments and
 “ extream Unction; the Physicians attend-
 “ ing him, believing as well as himself, that
 “ he had not above two Hours to live.
 “ They even hurried me away from *Padro*
 “ the Royal Palace where I was, two
 “ Leagues distant from *Madrid*, to be
 “ present the next Day at the Opening of
 “ the Body, to see if it was true that this
 “ Officer had swallowed the Fork, of
 “ which there was no one a Witness but
 “ himself; because the greatest Part of
 “ those who knew that it was said, he had
 “ swallowed a Fork, doubted whether
 “ such a Thing was possible. But to
 “ all Appearance those melancholy Symp-
 “ toms which preceded, were owing to
 “ nothing but the Effort Nature made to
 “ expel this extraneous Body out of the
 “ Cæcum; for being arrived at *Madrid* the
 “ next Day, I found the Patient a great deal
 “ better, with but very little Pain about the
 “ right lumbal Region, all the other Symp-
 “ toms being gone off, even the Fever, tho’
 “ his

“ his Pulse remained irregular and weak.
 “ The Patient soon recovered his Appe-
 “ tite, his Flesh, and Corpulency, and
 “ found himself in his natural State of
 “ Health, except a few slight wandering
 “ Pains, which passed from the right Side of
 “ the Loins to the left. He went abroad,
 “ walked, eat and drank heartily for three
 “ Months, rejoicing in himself, as he
 “ thought the Fork was dissolved, which he
 “ had been made to believe several Times
 “ in Order to comfort him, would hap-
 “ pen. At last on the 20th of *June*,
 “ he felt violent Pains in the left Groin,
 “ accompanied with Gripings and Eva-
 “ cuations of different Kinds, glairy, bi-
 “ lious and purulent to the Knowledge
 “ of several, which continued to the 25th,
 “ when the Patient going to the Close-
 “ stool, after violent Straining, at length
 “ voided the above-mentioned Fork, with-
 “ out feeling any, or but little Pain at the
 “ Time; and would not have known he
 “ had voided it, if he had not heard it
 “ fall into the Basin, which made him
 “ call the People to examine what it

“ could be; when they discovered the
 “ Fork, covered with the Excrements
 “ he had evacuated. This is a short
 “ Account of a pretty extraordinary Case
 “ in the Way of our Profession, the
 “ greatest Benefit of which was to the Per-
 “ son who was perfectly cured; but may be
 “ some Consolation hereafter to any one
 “ who may have swallowed any Thing of
 “ the like Kind. I did neither see him
 “ swallow, nor evacuate this extraneous
 “ Substance; but as I attended the Patient
 “ during the whole Time of his Com-
 “ plaints, which lasted fifteen Months; I
 “ have Reason to believe as well as all those
 “ who visited him, that the Story is true;
 “ the rather as the Gentleman, whose
 “ Name was Don *John Antonio de Aranda*,
 “ forty Years of Age, born in *Catalonia*
 “ but of *Castile* Parents, and brought up in
 “ *Castile*, was a Brigadier in the King of
 “ *Spain's* Armies, Colonel of the *Madrid*
 “ Regiment, a good Officer, a brave Man,
 “ Son and Brother to Persons in the Ser-
 “ vice, People of good Understanding;
 “ and that the most critical Examiners,
 “ could

“ could never discover any Reason to be-
 “ lieve him guilty of any Imposition in it.
 “ This Officer spoke good *French*, having
 “ had the Misfortune to be taken Prisoner
 “ and carried to *Langres*, where he was
 “ three Years. I do not pretend to ex-
 “ plain from whence the Complaints a-
 “ rose, which accompanied the different
 “ Obstructions to the Passage of the Fork;
 “ as there is no Man of Knowledge in the
 “ Profession, but knows that it’s Effects
 “ on the Intestines were the Cause of the
 “ above-mentioned Symptoms more or less,
 “ amongst which the Obstruction in the
 “ Ileum, and that afterwards in the Cæ-
 “ cum, were the most considerable.

“ Besides Sir ! it is to you I have addres-
 “ sed this Relation, who are capable of
 “ giving it the most perfect Explanation.

“ I have frequently been concerned
 “ at the mistaken Tendernefs of many Per-
 “ sons, who in their Grief for the death
 “ of Relations to whom they were strongly
 “ attached, have looked upon the Request
 “ I have made to open the Body, as a Vio-
 “ lence

" lence to Humanity. Nevertheless it is
 " only by Dissection that we have learn-
 " ed the Structure of the Human Bo-
 " dy, which has brought us to a more
 " perfect Knowledge of those Disorders,
 " that contribute to it's Destruction. But
 " leaving this Matter, it is easy to judge
 " how much our Art has been improved
 " from the Knowledge in general obtained
 " by opening of dead Bodies. In some
 " Persons, the nature of the Disease has
 " been intirely unknown; such as that of
 " the late Monf. *de B****, for there was
 " nothing that could give Occasion to sus-
 " pect what the Cause was? The other
 " very terrible Disorder, the Cause of which
 " was known, was cured, I am bold enough
 " to say *Invita Natura*, at least as far as
 " we know, since the most experienced,
 " asserted that the Patient had nothing
 " to hope for; such is the History of the
 " Fork swallowed. Other Disorders which
 " seem trifling, and to require only a little
 " regular living, sometimes acquire all at
 " once a bad Disposition, without our being
 " able

“ able to discover the Cause of the Altera-
 “ tion. Besides this, our Art will be
 “ much improved by Dissections, if
 “ we only gain as much Knowledge as
 “ is possible, of the Ways which Nature
 “ has taken and followed, to second the Re-
 “ sources of Art, which without her, can
 “ do very little. I therefore Sir, desire you
 “ will lose no Opportunity of Opening those
 “ Bodies, which unfortunately shall receive
 “ no Benefit from your Skill and Care.

I am, &c. &c.

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